

**Arizona Health Care Cost Containment System (AHCCCS)
Implementation of System-Wide Activities for Trauma-Informed Approaches**

**Summary Report
for the Abuse & Neglect Task Force
Recommendation #24**

Trauma-Informed Approach

MAY 17, 2021

As specifically recommended by the Abuse and Neglect Prevention Report, Task #24 “Trauma-Informed Approach”, dated November 1, 2019, “Arizona should build on previous efforts and implement a system-wide trauma-informed approach, with attention to the special needs of vulnerable individuals and their families, including support when families interact with clinicians, law enforcement, and other professionals. Arizona should support efforts to build and enhance community-based sexual assault services that utilize a trauma-informed approach and address the specific needs of vulnerable adults and their families. Services should be available to all survivors of sexual assault throughout the lifespan and include crisis lines and support groups for survivors of different ages, genders, and backgrounds; sexual assault specific legal and medical advocacy; and counseling by therapists with specialized training in addressing sexual trauma. A description of a trauma-informed model is included in Appendix 3.”

INTRODUCTION:

As a response to the Governor’s Abuse and Neglect Prevention Task Force, AHCCCS is providing an overview of our current system and programmatic structure, as it addresses the needs of vulnerable individuals and their families, as well as its efforts to achieve improved outcomes through a contractually required model of trauma-informed care. Additionally, AHCCCS will offer planned efforts to build on our existing system structures to further enhance use of trauma informed care at all levels of care. Particular attention will be paid to the needs of vulnerable individuals and their families.

AHCCCS is dedicated to provision of a safety-focused, effective service array that is offered to all members, including those with an intellectual/developmental disability. To this end, efforts at incorporating system-wide trauma-informed approaches have been implemented at multiple AHCCCS levels since the inception of the AHCCCS Complete Care (ACC) contracts, October 1, 2018. These contracts utilize trauma informed care as part of an overall approach emphasizing integration and a biopsychosocial model of care.

SUMMARY OF ACCOMPLISHMENTS TO DATE:

AHCCCS Efforts on System-Wide Implementation Approach for Trauma-Informed Care:

AHCCCS contracts address utilization of trauma informed care. This approach has been required in contract since October 1, 2018 with the advent of the ACC Integrated Contract. Other contracts also incorporate the use of a trauma informed care approach. The trauma informed approach is operationalized in multiple ways, including but not limited to:

1. Care and service delivery continuum,
2. Care coordination and resource sharing for survivors of sex trafficking,

3. Behavioral Health practitioners trained in best practice treatments for trauma,
4. Staff representing Individual and Family Affairs, at Managed Care Organizations (MCOs) advocate for the existence of trauma informed environments.

AHCCCS has included policy requirements throughout the AHCCCS Medical Policy Manual covering the unique needs of children and adults, which focus specifically on management and utilization of medical and behavioral health services. Policies also emphasize coordination of care for members with special health care needs especially at any transition point, such as from one health plan to another or between systems of care (i.e., transition to adulthood). From a policy standpoint, coordination of care is particularly important for integration between behavioral and physical health care, as well as between stakeholders involved in member care and services.

Statewide Crisis Delivery System: AHCCCS has a statewide crisis delivery system that is available to all Arizona residents, regardless of whether or not they meet criteria for AHCCCS eligibility. Crisis services may include warm line services, crisis stabilization facilities, and mobile crisis teams. All crisis services are encouraged to utilize peer and family services to every extent possible. For children that have been removed from their homes, a dedicated Rapid Response process is in place to address their immediate crisis needs.

Vulnerable Adults and Children: To describe vulnerable adults and children AHCCCS incorporates the use of the term “Special Health Care Needs” from the Code of Federal Regulation (CFR). The AHCCCS contract definition is as follows: “Members with special health care needs are those who have serious and chronic physical, developmental, and/or behavioral conditions requiring medically necessary services of a type or amount beyond that required by members generally that lasts or is expected to last one year or longer and may require ongoing care not generally provided by a primary care provider.”

Numerous requirements for MCOs have been implemented to ensure the needs are met for complex, vulnerable adults and children, including but not limited to:

1. Policies and procedures to address the broad range of physical and behavioral health services and supports that may be needed to meet their needs,
2. Mechanisms to assess quality and appropriateness of care,
3. Direct access to care specialty care without delay,
4. Dedicated coordination of care through care managers at MCO level,
5. Presence of multi-specialty interdisciplinary clinics.

AHCCCS Systems of Behavioral Health Care: Arizona has had longstanding System of Care requirements outlined in contract that have been designed to advance care for its vulnerable members through distinct guiding principles (e.g., nine for adults and 12 for children). These principles are designed to guide assessment, service planning, and treatment through identification of member-centric needs and treatment goals. They also focus on identification

and use of member and family strengths, respect for cultural values, plus ongoing collaboration with members, families and communities. Also inherent within these systems of care, is the use of validated screening and assessment tools to aid in ascertaining intensity of case management and other services needed by children and their families or caregivers.

Network Capacity Requirements: MCOs are required to meet standards established by AHCCCS, which at minimum require community-based provider networks that offer a full range of physical and behavioral health care for adults and children. MCOs are expected to have networks to address children and adults with special health care needs. Further, each MCO is to have policies and procedures in place to address and monitor network adequacy plus quality and appropriateness of care to members with special health care needs.

AHCCCS has focused on the needs of children and adults with special health care needs through the use of Multi-Specialty Interdisciplinary Clinics (MSICs) and Centers of Excellence. These models of care are designed to provide specialty care that meets the unique needs of vulnerable individuals.

MSICs are available for members with qualifying complex physical health diagnoses, including referral management procedures to ensure direct access to specialists, requirements for care coordination, performance measure standards to measure MCO's quality outcomes (via MCO networks), and maintaining dedicated care management staff.

CURRENT INITIATIVES:

The AHCCCS ASD Advisory Committee: On April 14, 2015, the Governor's Office established the statewide Autism Spectrum Disorder (ASD) Advisory Committee representing a broad range of stakeholders to address and provide recommendations to strengthen services for the treatment of ASD. On February 9, 2016, the ASD Committee finalized its recommendations to strengthen Arizona's health care system to respond to the needs of AHCCCS members with or at risk for ASD. The recommendations include both systems-level changes that will take time to implement, plus short-term activities. They are designed to accomplish two important goals: (1) enhance understanding of the current system for the full range of stakeholders and (2) improve access for AHCCCS members with ASD.

In response to the need for clarity about evidence-based treatment modalities, an Autism Advisory Committee member and the Evidence-Based Treatment Workgroup undertook a project that resulted in a major contribution to the field: an analysis of four large systematic review studies of ASD treatments. This analysis and the accompanying intervention descriptions will allow Arizona providers and families to better understand the range of modalities that may be effective for any given individual. This Committee recommended use of an evidence-based practice definition, which focuses on a Person-Centered Plan, starts with the best available

scientifically rigorous research, integrated clinical expertise, the individual's characteristics and the goal of building family/caregiver capacity. Evidence-based practice is an approach to treatment rather than a specific treatment approach and it incorporates culturally sensitive intervention strategies, including trauma specific treatment modalities and trauma informed and responsive approaches.

Office of Individual and Family Affairs (OIFA) Advisory Group: Implemented in 2010, OIFA has been incorporated at all levels from AHCCCS down to providers with a focus to reduce stigma, bring community perspective for collective decision making, and collaborate with stakeholders to remove systemic barriers for members and families.

Arizona Complete Health Community Care Plan (AzCH-CCP):

The AzCH-CCP OIFA has created a hands-on, competency-based live training on TIC. To disseminate this training effectively AzCH-CCP OIFA has a three-pronged approach when it comes to creating a Trauma Informed environment:

1. Train AzCH-CCP staff through a proprietary online training platform called Centene University. From time to time one of these trainings are highlighted and suggested for staff to take. In addition to Centene University's online training, TIC is offered in a live format to AzCH-CCP staff, especially those who touch our members/families directly (care management, etc.),
2. The AzCH-CCP OIFA TIC training is available for all provider staff (behavioral & physical health) through a partnership with Relias,
3. Train targeted groups in the community. AzCH-CCP OIFA provided TIC training to the Veteran's Administration at the end of 2019 and was well received. Pending training is also scheduled to occur for Jail Liaisons and for Foster/Kinship/Adoptive Parents and other groups working with youth that are displaying difficult behaviors.

Banner University Health Plan – University Family Care (BUHP):

BUHP OIFA, process works cross-functionally with BUHP Care Management across both ACC and ALTCS lines of business, through a TIC lens in the following ways:

1. Enhanced engagement efforts, including:
 - OIFA Member Advocates (MAs) are utilizing all contact numbers provided to connect with members and their families,
 - OIFA MAs are staffing cases with the referral source and OIFA's Member Advocacy Sr. Manager to develop action steps related to outreach & engagement,
 - OIFA MAs are exhausting all points of access such as Justice, CASS, Shelters, BH Providers to connect with members and or their families,
 - OIFA MAs are encouraging BH Providers, Probation Officers to reach out to the Member Advocate when they are talking or seeing the members, providing the Member Advocate an opportunity to connect with the member,
 - OIFA's MAs have been conducting check in calls, touch base with the members and their families discussing status updates: medication, physician appointments, needs in the home: food, essentials etc.,

- OIFA's Veteran/Military Service MA is connecting with all assigned members as check in and touch base, and
 - OIFA MAs are providing community resources: food bank hours, locations etc.
2. BUHP OIFA infusion in clinical rounds:
- BUHP OIFA is working cross-departmentally with BUHP Medical Directors, Care Management, Utilization Management and Medical Management addressing high complex cases through our infusion in clinical rounds. It is during these scheduled huddles that OIFA actively participates and engages in dialogue, strategies and solutions to member care. OIFA leverages our lived experiences to enhance member outcomes. We understand and infuse our intimate understanding of trauma and TIC approaches to improve success in areas of member engagement.
3. Internal & External-facing Community Education & Information:
- External Community Education: In collaboration with Az Complete Health and BUHP OIFA Community Liaison, a trauma-informed Care general education presentation was developed and launched for public consumption in 2019. Additionally, and based on a request from Tucson Veterans Administration (VA), a shorter, targeted presentation was facilitated in collaboration with AzCH to the Tucson VA.
 - BUHP OIFA Power Lunches: Scheduled to roll out in 2020, trauma-informed training across BUHP internal departments and alignment with Banner Learning Center (BLC).

Learning objectives include & Certificate of Completion will be issued & tracked through annual BLC requirements:

- Ability to define trauma.
 - Ability to define Trauma Informed Care
 - Recognition of the prevalence of trauma.
 - Ability to describe how trauma can affect the brain.
 - Identification of the potential impact trauma can have on behaviors.
 - Ability to apply an approach that minimizes re-traumatization and maximizes healing.
4. Long-range Goals/Plans:
- Community Education campaign expansion: Plans are being developed to expand the reach of the external facing TIC Community Education campaign, which will be a primary role of BUHP's OIFA Community Liaison role for 2020.
 - Banner Learning Center (Internal Educational Campaign) expansion: Working internally with BUHP Trainers to build out TIC training for internal BUHP new hires and current personnel.
 - BUHP CM/OIFA Member Advocate Referral process: This formal referral process was finalized in March 2020 and over next quarter will work to scale it across all lines of Medicaid business.

Care 1st:

Care1st has launched a WellCare program called METS: Members Empowered To Succeed. Higher needs BH members are identified and provided wrap-around care management (e.g., meeting members where they are, assisting with barriers to participating in care, etc.).

Care 1st OIFA collaborated with the behavioral health department to create educational “blasts” to PCPs during 2020 that focused on delivering information on person-centered and trauma informed care with the intent of more fully integrating the member’s care. There will be individual follow-up w/ Primary Care Physicians offering additional TIC training for the practice.

Health Choice Arizona:

Health Choice currently has three versions of TIC for providers, community members, stakeholders and community partners, which are trained live. These vary in length and depth of TIC services and approach. These trainings are based upon SAMHSA definitions and responses. Health Choice has also partnered with Relias to offer three TIC additional remote training courses for providers.

Health Choice staff are working on a dedicated TIC training for internal staff targeted for roll-out during Fall of 2020. Additionally, Health Choice has created TIC for schools with four responses that are evidenced-based to support school systems in this approach plus TIC for Justice Systems through the National Child Traumatic Stress Network.

Mercy Care Plan:

Mercy Care OIFA in collaboration with our Systems of Care teams (Children’s SOC and Adult SOC) has a Trauma Informed plan that includes four basic elements:

- Expectations
- Training
- Monitoring
- Collaborating to learn

Mercy Care Plan conducts environmental scans annually, to monitor policy adherence and to ensure compliance with evidence-based practices. This includes working with agencies to ensure everything from their lobbies to their front and back-office staff are trained in TIC strategies. Mercy Care Plan leverages Relias as a means to ensure that all providers are trained, not just direct care staff (e.g., transportation provider). Mercy care Plan ensures this training is incorporated into all lines of business and is currently rolling out training specific to Intellectual and Developmental Disabilities.

United Health Care Community Plan (UHCCP):

UHCCP’s OIFA team has partnered with our Chief Behavioral Health Officer & Vice President of Market Operations for UHCCP to create a TIC plan for enrolled members.

Training modules have been created, which progressively link to increase learning capacity by each module. Participant completion rates are traced, and when completed, participants are

provided a certificate of completion. UHCCP will continue to partner with their leadership to address additional actions that their OIFA office can take to further their work in offering TIC.

Mercy Care Department of Child Safety/Comprehensive Health Plan (Mercy Care DCS CHP):

As of April 1, 2021, the integrated CHP contract was implemented with Mercy Care as the designated contractor for provision of both physical and behavioral health services. Within that contract, additional language was added to strengthen requirements for implementation of trauma informed care delivery approaches. Further, significant collaboration has been taking place between CHP and AHCCCS to identify specific group home and therapeutic foster care providers with expertise in providing trauma informed.

Targeted Investment Program: The Targeted Investments (TI) program began in 2017, in advance of the ACC Integrated Care contracts. A primary purpose of the TI program has been to provide incentives to providers that create collaborative relationships designed to improve outcomes for AHCCCS members. The program has focused on incentive-based, achievable milestones requiring physicians, behavioral health practitioners, and members of Arizona's Justice System to develop structural enhancements for collaboration in service delivery. In particular, development and use of trauma informed care practices have been included as required milestones. Providers have been required to regularly report on implementation of their progress for trauma informed activities. AHCCCS is now in its fourth cycle of milestone delivery and positive outcomes are being reported on a regular basis.

Whole Person Care Initiative: AHCCCS is working to increase focus on social determinants of health (the impact that social factors have on a person's whole health and well-being) and recognizes that socio-economic status, behaviors, and physical environment contribute more to health outcomes than access to health care. AHCCCS has addressed these complex issues through efforts to provide housing, employment, criminal justice, non-emergency transportation and home and community-based services interventions for members. Medicaid-covered services, in conjunction with reliance on a broad range of funding sources for services and supports, not available under the Arizona Medicaid program, have also been utilized. AHCCCS is engaging stakeholders to explore ways in which to augment AHCCCS' current ability to provide transitional housing, non-medical transportation, and to reduce social isolation that can impact individuals with special healthcare needs.

Behavioral Health in Schools: In 2018, \$3 million in state General Fund dollars were appropriated to expand behavioral health services in schools. One million of this funding is being used in a partnership with the Arizona Department of Education (ADE) to provide mental health training to schools and school districts. The remaining dollars are matched with federal funds to generate \$10 million in Medicaid funding to AHCCCS health plans to bring established

behavioral health providers into the school setting, meet Medicaid-eligible students where they are, where they have a health need, and pay for Medicaid-covered behavioral health services in schools.

1. **Project AWARE (Advancing Wellness and Resiliency in Education):** In collaboration with the Arizona Department of Education, AHCCCS is working with three school districts to implement Mental Health First Aid training. This training has been shown to improve behavioral health outcomes and reduce suicides. During the next five years of this grant, approximately 12,000 students and staff at Baboquivari Schools on Tohono O'odham tribal lands, Glendale Unified School District, and Sunnyside Unified School District in Tucson will receive access to mental health training.
2. **ADE Training Partnership:** In 2018, Governor Ducey led the Safe Arizona Schools Plan which included funding for investing in mental and behavioral health resources at schools. With \$1 million in funding, the Arizona Department of Education and AHCCCS signed an agreement to partner efforts in expanding access to behavioral health training in schools statewide. The goal of this partnership is to implement an evidence-based curriculum focused on education school personnel and students on commonly occurring behavioral health issues to reduce stigma and empower schools to appropriately recognize and intervene.
3. **Arizona Medicaid School-Based Claiming Program:** Arizona participates in two Medicaid reimbursement programs for school-based services, the Direct Service Claiming (DSC) program and the Medicaid Administrative Claiming (MAC) program. These two school-based programs assist participating school districts, referred to as Local Education Agencies (LEAs), including charter schools and the Arizona School for the Deaf and Blind (ASDB), by reimbursing them for their costs to provide Medicaid covered services to eligible students. The purpose of the DSC Program is to allow LEAs to receive reimbursement for the cost to provide Medicaid covered medical services to Title XIX eligible students. The purpose of the MAC program is to allow LEAs to receive reimbursement for Medicaid administrative outreach activities that are done routinely within the school setting. The Centers for Medicare and Medicaid Services (CMS) is the federal agency that oversees these two school-based programs. In Arizona, these programs are overseen by the AHCCCS, Arizona's Medicaid agency. AHCCCS contracts with a Third-Party Administrator (TPA), PCG, to administer both the DSC and MAC programs.
4. **The Arizona Department of Education and Vitalyst Health Foundation to author a spark report:** "[Creating Trauma Sensitive Arizona Schools](#)". This report focuses on the need for schools to recognize the impact of trauma on learning through implementation of a trauma informed approach. The approach follows the principles of (1) becoming trauma aware by recognizing its impacts, (2) developing trauma sensitivity by exploring

principles of trauma informed care, (3) becoming trauma responsive by identifying changes for creating structural change, (4) becoming trauma informed through implementation of trauma informed practices.

Suicide Prevention Program: AHCCCS provides suicide prevention resources and advocacy to all Arizonans. The trauma-based care models that we endorse/recommend for the community includes:

- Question, Persuade, Refer (QPR),
- Applied Suicide Intervention Skills Training (ASIST),
- At-Risk for High School Educators (available online),
- Youth Mental Health First Aid,
- Suicide Alertness for Everyone (safeTALK),
- ACT on FACTS (available online),
- More than Sad – Suicide Prevention Education for Teachers and other School Personnel, and
- Be a Link! Suicide Prevention Gatekeeper Training.

AHCCCS PLANNED EFFORTS AND ACTIVITIES:

Advancements to Trauma Informed Care, Treatment and Crisis Services: Through community engagement and feedback, as well as internal analysis of current activities and requirements, AHCCCS recognizes that greater efforts are needed to protect the needs of vulnerable members, while also advancing knowledge of trauma informed principles to the wider community. AHCCCS has begun numerous efforts to enhance its implementation of trauma informed care throughout its entire system.

Trauma Informed Care: Whereas the AHCCCS Targeted Investment Program offered incentives for implementation of a trauma informed care approach for children, based on advances in research on trauma informed care, it is now apparent that trauma informed care concepts should become integral to the adult system of care. AHCCCS recognizes the opportunity to enhance trauma informed care for adults, especially through the use of ACES (Adverse Childhood Experiences), in order to drive a more fully integrated focus toward whole person care. This is especially true for those individuals that are either involved in substance use treatment, justice involved or those individuals that have a history of being sexually, physically, or psychologically abused. This is also true for those individuals that have physical health conditions, such as heart disease, obesity and high blood pressure. These lifestyle diseases have been shown to have strong positive relationships with early childhood traumas identified through use of ACES.

To the extent possible, based on the purpose of any given policy under either the AHCCCS Medical Policy Manual (AMPM) or the AHCCCS Contractor Operations Manual (ACOM), AHCCCS will give consideration to more specific policy language that incorporates a trauma-

informed approach. Examples of policies that will be strengthened in the perspective of trauma informed language are those that outline service planning and delivery, physical or behavioral health treatment, and members needing specialized treatment due to a serious mental illness or trauma as a result of neglect, physical and/or sexual abuse.

AHCCCS As a Trauma Informed Agency: To set an example of the benefits of trauma informed care, AHCCCS plans to formally pursue becoming a trauma-informed organization. Multiple models are available upon which to build a trauma informed organization, and these will be evaluated to identify the model that best fits AHCCCS structure.

AHCCCS has already begun informally to build a trauma-informed environment by utilizing a widely known, empirically based approach for reducing trauma as a result of required daily work activities: animal assisted therapy. In July of 2019, AHCCCS implemented a pilot therapy dog program for Quality of Care and Clinical Resolutions staff due to their daily exposure toward vicarious and secondary trauma. AHCCCS utilized a national organization that certifies therapy dog teams for visitation in many health care and business settings. The duration of the pilot program was six months. Plans were in place to roll out the program more universally across the agency throughout 2020. However, due to COVID-19 the pilot was suspended and may be reevaluated at a future date when the threat of the pandemic has been significantly diminished.

In addition to the pilot therapy dog program, well prior to COVID-19, a "Trauma-informed Resource Board" was placed near the area for Customer Resolutions and Quality of Care staff. The board had resources related to trauma informed care and mindfulness. In addition, staff had the option of placing pictures, cards, motivational sayings or any other small, meaningful items onto the board at their discretion. Prior to the pandemic, plans were underway to develop and locate trauma-informed boards in other areas of AHCCCS.

Finally, a quiet room was designed for staff use during lunch or break time. This room, known as the "pawfice", was designed to be a back-up therapy dog room, as well as a room that offered a quiet get-away. There was no phone and no computer. Lighting was soft and plush, oversized pillows, along with a yoga mat, were made available to promote relaxation and meditation. As with the therapy dog program, use of a quiet room and the Trauma Informed Resource Board will be re-evaluated at a future time.

As an externally facing method to promote more complete use of trauma informed care, AHCCCS has an opportunity to work with MCOs and their provider network to develop and offer Community Learning Collaboratives, utilizing professionals who are subject matter experts in trauma-based treatments. These Collaboratives would be open to the provider and member community and their focus would be to share not only the principles of trauma informed care, but also the therapeutic interventions used to treat various forms of trauma. Related topics could also include content on victims' rights (for those sexually or physically abused), as well as state

regulations governing professional conduct and licensure when offering physical and behavioral health service.

Crisis System: Current endeavors are underway to enhance Arizona’s crisis system, which is already highly regarded by SAMHSA (Substance Abuse Mental Health Services Administration), as a model crisis system. However, despite its effectiveness, AHCCCS plans to improve the crisis system through a Competitive Contract Extension (CCE) process. One primary change that AHCCCS will require upon CCE implementation, is a single statewide contact number (presently, there are multiple numbers depending on region). Once implemented, AHCCCS will focus on monitoring crisis program effectiveness and fidelity against SAMHSA’s specific crisis system requirements:

1. Regional 24/7 “real-time” Crisis Call Center that incorporates access via telephone, text or chat and meets the National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide,
2. Mobile crisis teams that are available to reach any person in the services area at home, workplace or any other community-based location within a timely manner, and
3. Crisis stabilization facilities for short-term (less than 24 hours) observation; services shall be provided in a “home-like” non-hospital environment.

As part of the statewide crisis system, AHCCCS recognizes the need to enhance community wide supports and resources for individuals with sexual trauma to ensure that regardless of AHCCCS eligibility, information is available regarding trauma informed assistance and treatment. Given the need to have services and/or resources available to the community of sexual assault victims through the lifespan, AHCCCS acknowledges its capacity to enhance connections to local or statewide resources and create advocacy utilizing the community presences of its MCOs and their provider networks.

Further, it is apparent that the system as a whole needs greater awareness of the benefits of our statewide crisis system that is available to individuals in need. MCOs have the capacity to provide resources to their own members through websites and newsletters. However, greater awareness of the crisis system and related resources is needed within our communities.

AHCCCS will work closely over time with its Managed Care Organizations, their providers and community stakeholders to improve services for vulnerable adults and children that are built upon a trauma informed care model.

- Promote awareness and acknowledgement of the negative impacts of trauma across all stakeholder agencies,
- Promote the value for full implementation of trauma informed care and principles,
- Promote the development of visual resource materials (internal and externally facing) at AHCCCS, state agencies and/or stakeholders that promote awareness of trauma, its negative impacts and the value of utilize trauma informed approaches for treatment, and

- Promote awareness of the statewide crisis system, its function and process for accessing crisis services.

AHCCCS will build on initial collaborative efforts to improve awareness with all state agencies at multiple levels including:

- Promote awareness and acknowledgement of the negative impacts of trauma across all stakeholder agencies,
- Promote the value for full implementation of trauma informed care and principles,
- Promote the development of visual resource materials (internal and externally facing) at AHCCCS, state agencies and/or stakeholders that promote awareness of trauma, its negative impacts and the value of utilize trauma informed approaches for treatment, and
- Promote awareness of the statewide crisis system, its function and process for accessing crisis services.

As AHCCCS continues to promote trauma informed care and practice, it follows nationally recognized resources, some of which are listed below for reference.

- Substance Abuse and Mental Health Services Administration:
https://www.samhsa.gov/multi-site-search?search_api_fulltext=trauma+informed+car
- The National Child Traumatic Stress Network: <https://www.nctsn.org/>
- Trauma Informed Care Resource Center
<https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>
- American Academy of Pediatrics - Becoming a Trauma Informed Practice
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Becoming-a-Trauma-Informed-Practice.aspx>