

**Protocol for Coordination of Care Between Northern Arizona Behavioral Health Authority  
And Arizona Department of Juvenile Corrections  
Effective 01/01/2006**

**Revised 12/29/06, 12/31/07, 12/31/08, 12/31/2009, 12/31/10, 12/28/11**

Northern Arizona Regional Behavioral Health Authority (NARBHA) and the Arizona Department of Juvenile Corrections (ADJC) agree to coordinate care in the areas of referral, intake and assessment, and treatment planning. NARBHA and ADJC believe that it is important to partner in helping juveniles being released from a secure care facility to access behavioral health service. In order to ensure timely and effective service delivery, both agencies agree to coordinate the roles and responsibilities to follow.

\*Links for this protocol can be located on the NARBHA website ([www.narbha.org](http://www.narbha.org)) or in Provider Policy 4.4 'Coordination of Care with Other Government Entities'

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<b>Referral Process – Crisis and Routine Assessments</b>	
<b>NARBHA/Provider Responsibilities</b>	<b>ADJC Responsibilities</b>
	1. Determine behavioral health needs for referral to NARBHA's providers.
<p>1. Crisis Triage: NARBHA requires that Crisis Triage be conducted on all persons who present in crisis by telephone, or face to face, during business hours and after hours, 24 hours a day, seven days a week. NARBHA maintains a toll free telephone number [1-877-756-4090] for this purpose.</p> <p>NARBHA has developed a standardized Crisis Triage form in order to provide for uniform screenings.</p>	<p>2. For Persons in Crisis: See NARBHA responsibilities for Crisis Triage Services, which are available 24 hours a day, 7 days a week by calling the local Responsible Agency or the NARBHA Crisis Line [1-877-756-4090]. If the Parole Office is making a referral for an individual experiencing a psychotic episode or is in crisis, be sure to request "Crisis Triage" services for immediate response.</p>
<p>2. Responsible Agencies (RAs) provide both Telephone and Face to Face Crisis Triage during business hours. ProtoCall staff provides Telephone Crisis Triage after business hours and determine whether the person's needs are either Immediate or Urgent or Low/Routine.</p> <p>Intake/Assessment:</p> <ul style="list-style-type: none"> <li>▪ <u>Immediate</u> Need: Requires crisis assessment within less than two hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical.</li> <li>▪ <u>Urgent</u> Need: Requires crisis assessment within less than 24 hours.</li> <li>▪ <u>Routine</u> Need: Requires routine assessment within 7 days.</li> </ul> <p>ProtoCall is not required to contact staff at Responsible Agencies regarding members with Low/Routine acuity whose immediate needs have been handled during the Telephone Crisis Triage; however reports are forwarded to the Responsible Agencies by the next morning. All persons with Immediate or Urgent acuity are</p>	<p>3. If it is determined that the juvenile needs behavioral health services, the Parole Officer or ADJC staff will contact the designated contact person at the RA by phone followed by the Behavioral Health Referral Form a minimum of 90 days prior to release date or 3-4 months prior to release if the youth requires out of home placement or is transitioning into adulthood. (A general contact list for each RA is provided at the end of this protocol).</p> <p>The Behavioral Health Referral Form will contain information regarding AHCCCS eligibility and projected release date.</p> <p>ADJC staff will provide the RA with the following information after a signed Authorization to Release Information is obtained from the parent and prior to enrollment with the RA. These documents include:</p> <ul style="list-style-type: none"> <li>▪ Most recent evaluations (Psychiatric, Psychological or Psych-Sexual)</li> <li>▪ Psychiatric Records (Doctor's Notes, Medication Logs, Current</li> </ul>

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<p>referred immediately by ProtoCall to on-call staff at the Responsible Agencies for Crisis Services.</p> <p>RA staff will arrange for hospitalization (when required) as well as transportation to the identified facility.</p>	<p>Summary of Treatment)</p> <ul style="list-style-type: none"> <li>▪ Therapy Records (Assessments, Notes, Completed Treatment Programs)</li> <li>▪ Recommendations from Treatment Team for treatment and placement.</li> </ul>
<p>3. The RA will provide the date and time of the intake appointment as well as any necessary psychiatric appointments to the Parole Officer. (See attached list for specific points of contact at each RA.).</p>	<p>4. The Parole Officer will inform the RA of any changes regarding release date or AHCCCS/ Kids Care eligibility prior to the scheduled intake/assessment appointment.</p>
<p>5. For children on psychotropic medications, ADJC will generally release children with a 10 day supply of medications. It is important for RAs to provide a date for a psychiatric appointment/medication review to ADJC.</p>	<p>5. ADJC agrees to authorize a 10 day supply of medications, and may authorize up to a 30 day supply on a case by case basis, dependent upon the date of the scheduled psychiatric appointment upon release in accordance with ADJC Policy 3060.</p>
<p>6. Assessments must be completed within 45 calendar days, the Behavioral Health Service Plan developed within 90 calendar days, and authorized medically necessary behavioral health services commenced within 23 calendar days from the date of the Assessment.</p>	
<p><b>Referral Process – Responsible Agency Choice</b> Some communities within NARBHA's geographic area have more than one responsible agency providing enrollment and children's services. As youth and families are being referred for services it's important to present all available options and allow for the child and family to determine their provider of choice.</p>	
<p><b>NARBHA/Provider Responsibilities</b></p>	<p><b>ADJC Responsibilities</b></p>
<p>1. Upon being contacted by the child/family the RA will arrange an intake date and time for the family.</p>	<p>1, Under the circumstance when ADJC staff initiates referrals for behavioral health services in the NARBHA network the child and family must be made aware of RA options available in their community. *A list</p>

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	of these RAs is available at the end of this protocol.
2. In the case when a child/family is already enrolled with one RA but wish to switch to another in their area they are able to do so. Both RAs will operate in accordance with NARBHA's Provider Policy Manual 10-17. Families have the choice of asking their current RA to initiate the transfer or may go to their new provider of choice and ask that they coordinate the transfer.	

<b>Coordination of Care – Pre-Commitment to a ADJC Secure Care Facility</b> Information sharing between agencies during times of transition is important to ensure the continuity of behavioral health treatment. When a juvenile leaves the community for a stay in a secure care setting, and again upon return to the community, RA and juvenile justice staff work collaboratively to exchange information and documentation that will aid in service planning.	
<b><u>NARBHA/Provider Responsibilities</u></b>	<b><u>Please be advised that prior to commitment Juvenile Probation can assist by:</u></b>
1. The RA Behavioral Health Representative secures a signed Release of Information from parents or guardian re: behavioral health information to be shared with JPO and ADJC.	<ol style="list-style-type: none"> <li>1. The Probation Officer contacting RA staff to advise of an enrolled youth's pending commitment to a secure care setting.</li> <li>2. The Probation Officer assisting with facilitating communication between RA staff and secure care staff, including obtaining a Release of Information from parents or guardian.</li> </ol>
2. The RA Behavioral Health Representative completes a packet containing a treatment summary and other pertinent behavioral health information (psychiatric evaluation, medication information, treatment plan, case notes) and FAXES these to the medical records of the secure school facility*. Special attention being paid to include clinical documentation relating to suicidal or self-harming behavior.  <b>*Medical Records:</b>	<b><u>ADJC Responsibilities</u></b> <ul style="list-style-type: none"> <li>▪ Coordinate with RA and JPO in preparation of youth being committed</li> <li>▪ Upon receiving behavioral health packet ADJC will forward to appropriate personnel</li> <li>▪ Upon entering into secure care ADJC will invite RA representative</li> </ul>

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Black Canyon (males and females) (623) 869-9476	and/or JPO staff to participate in any necessary Reception/Assessment/Classification (RAC) MDT in order to better determine a youth's needs or unit placement.
3. Upon a youth being placed in a secure care facility the RA must inform AHCCCS via email* that the member has become an inmate of a public institution. * <a href="mailto:DMSJUVENILEincarceration@azahcccs.gov">DMSJUVENILEincarceration@azahcccs.gov</a> The youth will remain on AHCCCS for the remainder of the month allowing the RA to participate in team meetings during the RAC phase.	
4. RAs will participate in any required RAC Multi-Disciplinary Team that would assist in determining a youth's needs while in secure care.	

<b>Coordination of Care – Pre-release from a ADJC Secure Care Facility</b>	
Coordination of care between agencies prior to a juvenile's release is an important part of successful community re-entry. Through this pre-planning process, agencies can discuss risks, options for placement, services, behavioral health enrollment, community supports, etc.	
<b>NARBHA/Provider Responsibilities</b>	<b>ADJC Responsibilities</b>
1. The RA will coordinate care for the child prior to the release date on request from ADJC. This includes participation in staffing or teams facilitated by ADJC to coordinate enrollment, intake, placement, and/or services to ensure continuity of care prior to release.	1. Pursuant to ADJC Policy 4610.11 "Difficult to Place Juveniles," staff will submit a referral to the RA of choice 90-120 days prior to release or upon the youth reaching Stage of Change IV (which ever comes first) in order to coordinate care. *Exceptions apply when youth is transitioning to adulthood while in secure care (refer to the following "Coordination of Care -Transition to Adulthood" table below).
2. RAs may either enroll the child or agree to participate in pre-release planning with a signed "Consent to Consult" Form from the guardian.	2. ADJC staff will assist the RA in obtaining appropriate consents and/or enrollment information from the guardian.

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<p>3. Upon completion of the "Consent to Consult" form RAs will attend Pre-release MDTs in order to coordinate care upon return to the community.</p>	<p>3. ADJC staff pre-screen the child for AHCCCS eligibility 90-120 days prior to release to facilitate enrollment prior to re-entry into the community.</p>
	<p>4. ADJC staff will provide the RA with relevant clinical information obtained during the youth's time in secure care. This may include psychiatric evaluations and notes, medication information, staffing notes, treatment plans, etc.</p>

<p><b>Coordination of Care – Transition to Adulthood</b> Early preparation and support is essential for youth who are turning 18 while in a secure care setting. Coordination between agencies becomes more vital when transition age youth are anticipated to utilize behavioral health services upon release. Please refer to "Pre-release from a Secure Care Facility" table above.</p>	
<p><b>NARBHA/Provider Responsibilities</b></p> <p>1. Upon contact from ADJC, RA staff will assist in coordination of care for the youth in accordance with ADHS Transition to Adulthood Practice Protocol and Provider Policy 3.17.</p> <p>*Though the youth will not be enrolled with the RA by completing a "Consent to Consult" form the RA staff can join the ADJC staff in transition planning.</p>	<p><b>ADJC Responsibilities</b></p> <p>1. ADJC staff will work with the youth and his/her supports in accordance with ADJC Policy 4610.08- Personal Outline for Independent Living and Policy 4610.04- Parole Officer Responsibilities for Transitioning Juveniles and Supervision in the Community.</p> <p>2. ADJC staff will invite the RA (of choice), from the community to which the youth intends to reside, to participate in transition planning as early as 4 months prior to release.</p>
<p>3. Both the RA and ADJC staff will collaborate on addressing and preparing for all possible transition to adult needs. This may include behavioral health enrollment, AHCCCS enrollment, SMI determination, coordination with Adult Recovery Team (ART) members, housing, employment, educational/vocational goals, vital records acquisition (state ID, SS card, birth certificate), and identification of natural supports.</p>	
<p><b>Want more information?</b></p> <p>☞ Transition to Adulthood Practice Protocol <a href="http://www.azdhs.gov/bhs/tas.pdf">http://www.azdhs.gov/bhs/tas.pdf</a></p> <p>☞ DBHS/NARBHA Provider Policy 3.17 Transition of Persons</p>	

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<https://www.narbha.org/NARBHACD/provman/03/3-17.pdf>

**Coordination of Care - Child and Family Teams**

NARBHA and ADJC are committed to providing family-driven services through the Child and Family Team Process.

**NARBHA/Provider Responsibilities**

**ADJC Responsibilities**

1. Both the Parole Officer and RA Behavioral Health Representative will be notified of and participate in the Child and Family Team process. Attendance at CFT meetings is guided by the family though all CFT members should be made aware of any updates resulting from the meetings. The development of the Behavioral Health Service Plan and any subsequent reviews are conducted during the CFTs.

2. RAs will facilitate service provision for children through the Child and Family Team process in accordance with the DBHS Child and Family Team Practice Protocol.

The CFT must include at a minimum, the child and his/her family or guardian, any foster parents, a behavioral health representative, and should extend to any individuals important in the child's life who are identified by the team.

CFTs include nine essential steps (which are not strictly linear):

1. Engagement of the Child and Family
2. Immediate Crisis stabilization
3. Strengths, Needs and Culture Discovery
4. CFT Formation/Meeting Facilitation
5. Behavioral Health Service Plan Development
6. Behavioral Health Service Plan Implementation
7. On-going Crisis and Safety Planning
8. Tracking and Adapting
9. Transition

2. ADJC staff communicates with the RA to assist in the identification of team members for the Child and Family Team and assists by providing phone numbers and contact information.

ADJC staff will participate in the Child and Family Team process as guided by the family for the purpose of information sharing and joint planning for successful transition back into the community. Special consideration is to be given when a child is receiving services through the RA that are conditions of their parole. In such a case, parole staff will be given related updates through CFT meeting attendance or by other means as determined by the team.

4. Provide a copy of the approved Behavioral Health Service Plan

3. Provide a copy of the Continuous Case Plan, within five (5)

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and medication sheet, if applicable and any assessments, to the Parole Officer within five (5) working days of completion of the CFT.	working days, including any new or updated professional assessments to the NARBHA Responsible Agency
5. CFT meetings shall occur at least every six months or at a frequency decided on by the Team.	
6. Notification of change of Parole Officer and/or NARBHA Responsible Agency Behavioral Health Representative should be given to the appropriate agency within five (5) working days.	
7. Provide appropriate and timely written or verbal progress information to the Parole Officer.	6. ADJC staff will share information from the Continuous Care Plan and any Multi-Disciplinary or Treatment Staffing, court orders, community protection issues, or professional assessments.
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin-right: 10px; text-align: center;"> <p><b>Want More Information?</b></p> </div> <ul style="list-style-type: none"> <li>☞ Child and Family Team Practice Protocol <a href="http://www.azdhs.gov/bhs/guidance/cft.pdf">http://www.azdhs.gov/bhs/guidance/cft.pdf</a></li> <li>☞ NARBHA On-line CFT Facilitator Curriculum <a href="http://www.cftraining.com">www.cftraining.com</a></li> <li>☞ Tip Sheet for Telephonic CFTs <a href="http://www.cftraining.com">www.cftraining.com</a> (Module 6, p. 13)</li> </ul> </div>	

**Crisis Prevention and Safety Planning**

When requested or deemed necessary by the CFT, a Crisis Prevention and Safety Plan will be developed. CFTs for children over the age of 6 with a CASII score of 3 have discretion regarding the development of a Crisis Prevention plan. CFTs for children with a CASII score of 4 or higher, or who are dually enrolled with the Department of Developmental Disabilities, must have a Crisis Prevention Plan. These plans are implemented in order to address and prepare for barriers to implementing the Behavioral Health Service Plan, Safety Plans are constructed when high-risk conditions, such as sexual acting out or suicidal ideations, are present. When a Safety Plan is required there will be significant overlap with the Crisis Prevention Plan.

Reference the NARBHA On-line CFT Facilitator Curriculum Crisis Prevention and Safety Planning Module for more information.

**NARBHA Responsibilities**

**ADJC Responsibilities**

1. The RA will complete and document a Crisis Prevention and/or Safety plan through the Child and Family Team Meeting. As

1. The Parole Officer will participate in the development of the Crisis Prevention and Safety Plan through participation in the CFT.

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<p>noted in the CFT Practice Protocols, Crisis Prevention Planning follows a four-step model that includes Prediction, Functional Assessment, Prevention, and Crisis Planning:</p> <p>Crisis Prevention Plans should be specific and should include names and phone numbers, as well as contingencies. Crisis plans should include a process, agreed upon timeframes and minimum participants to engage in emergency CFTs.</p>	
<p>2. On notification of a potential placement disruption, the Behavioral Health Representative will pull together an emergency CFT meeting to discuss the immediate placement and support needs for the child. There should be a crisis prevention plan already in place to pull together Team Members in case of emergencies. <i>(i.e in the event of a placement disruption, the Team agrees particular members will come together within 2-3 hours to address the crisis.)</i></p>	
<p>3. A copy of the crisis prevention/safety plan will be immediately given to the Team Members and updated through the Team process as needed. A copy of the plan must also be given to ProtoCall Services so information can be accessed after-hours for emergency situations.</p>	

**Mechanisms for Resolving Member/Consumer Complaints**

All persons enrolled with NARBHA and/or ADJC have access to a complaint process for expression of dissatisfaction with any aspect of their care. Complaints about behavioral health or ADJC services should always be encouraged to be resolved at the lowest possible level, yet it is equally important that persons understand that a formal complaint process is also available when needed.

**Complaints:** A complaint is defined as an expression of dissatisfaction. Possible subjects for complaints include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights.

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<b>NARBHA/Provider Responsibilities</b>	<b>ADJC Responsibilities</b>
<p>1. NARBHA staffs a customer services unit which is responsible to coordinate communications with eligible and enrolled persons and acts as, or coordinates with advocates, behavioral health providers and others to resolve issues. This unit:</p> <ul style="list-style-type: none"> <li>• Educates and notifies persons about their rights and the process for filing complaints in a manner that is understandable.</li> <li>• Resolves complaints in an expeditious and equitable manner and with due regard for the dignity and rights of all persons. NARBHA is required to dispose of each complaint and provide oral or written notice within 14 calendar days.</li> <li>• Maintains confidentiality and privacy of complaint matters and records at all times.</li> <li>• Communicates, timely information on matters and decisions related to the complaint to affected parties.</li> <li>• Involves the active cooperation and participation as deemed appropriate of providers with a direct interest in the matter under review.</li> </ul>	<p>1. Attempts to resolve issues at the local level should be made through the CFT process but may also include contacting the RA Children's Manager or Director. Consultation is available at the regional level by NARBHA and ADJC as needed.</p> <p>Complaints pertaining to member specific situations can be reported to NARBHA by utilizing their toll free telephone number: 1-800-640-2123. To submit a written complaint, mail the complaint to NARBHA Member Services at 1300 S. Yale Street, Flagstaff, AZ 86001.</p> <p>If issues cannot be resolved at these levels, see the DBHS Provider Policy Manual Section 5 for more information regarding grievance and appeal rights. Reports called "Complaint Resolutions" may additionally be reported to the Division of Behavioral Health Services.</p>
<p>2. Behavioral Health staff will attempt to resolve any issues with ADJC at the local level; however, if necessary, community complaints against ADJC can be reported by contacting the ADJC Community Administrator at 602-364-3534 or the ADJC Case Management Administrator at 602-542-4032. If resolution cannot be reached, the Community Services Case Management Administrator shall contact the ADJC Constituent Services Director to assist in resolution.</p>	
<p>3. System-level issues may also be reported in to either the NARBHA Children's Services Department or to ADJC for review at the bi-annual Juvenile Justice Partnership Meetings or the Northern Arizona Children's Council.</p>	

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<b>Children's System Barrier Resolution Process</b>	
NARBHA has developed a process to resolve identified children's systems barriers that cannot be resolved at their current level. Attempts should still be made to resolve issues at the lowest level in order to continue local collaboration efforts. The Children's System Barrier Resolution Subcommittee is part of the Northern Arizona Children's Council and is open to all family, community, and agency partners.	
<b>NARBHA Responsibilities</b>	<b>ADJC Responsibilities</b>
1. NARBHA will continue to host regular meetings. Meetings are typically held quarterly and teleconferencing will be available.	1. ADJC staff are encouraged to participate in the Northern Arizona Children's Council and will be asked to participate in the Barrier Resolution Subcommittee if requested by NARBHA in order to resolved shared system barriers.
2. The Subcommittee will review only SYSTEMS issues, NOT member-specific situations. The Barrier Resolution process does not replace the existing complaint, complaint resolution, or grievance and appeal processes.	2. Children's system barriers can be reported by calling NARBHA Member Services at 1-800-640-2123 to report a system barrier and request Subcommittee review (a Member Rep will assist with the completion of the form), OR by completing the Children's System Barrier Resolution Form (located on the NARBHA Website and faxing to Member Services at (928)774-5665. Referral source information (other than identification of originating agency) will be kept confidential by NARBHA.
3. Upon referral, NARBHA Member Services will forward the completed form to NARBHA Children's Services staff to review and schedule for the next Subcommittee meeting.	
4. NARBHA Children's Services staff will invite any identified participants who may be of assistance in reviewing or resolving the identified barrier.	
5. The Subcommittee will determine a plan to address the barrier and facilitate resolution.	

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<b>Information Sharing – Member Privacy</b>	
<b>NARBHA Responsibilities</b>	<b>ADJC Responsibilities</b>
1. NARBHA will send encrypted emails to ADJC when discussing specific client information. NARBHA staff will put the phrase “[secure]” at the beginning of the subject line. The square brackets must surround the word secure.	
2. NARBHA will be required to provide some basic security information and to alert ADJC staff of the pass phrase they must use to open and process the encrypted email.	
3. Faxes must be sent only to secured fax machines as required by HIPAA.	1. Faxes can be sent to NARBHA at (928)-774-5665.
4. Compliance with all other HIPAA requirements.	

<b>Resources Each Contributes to the Care and Support of Persons Mutually Served</b>	
<b>NARBHA/Provider Responsibilities</b>	<b>ADJC Responsibilities</b>
1. All medically necessary covered behavioral health services as outlined in the Covered Services Manual and as approved by the member’s Child and Family Team.	1. ADJC offers services that may be provided in certain geographic areas as determined necessary by the Child and Family Team. These services may include Family Liaisons or Education Transition Coordinators. ADJC also maintains a Treatment and Provider Contracts Index.

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Want More  
Information?

- ☞ DBHS Covered Services Guide: <http://www.azdhs.gov/bhs/covserv.htm>
- ☞ The NARBHA Provider Listing is available on the home tab/resources on the NARBHA website [www.narbha.org](http://www.narbha.org)

**Process Improvement**

NARBHA, AOC, Northern Arizona Juvenile Courts/Probation and ADJC have agreed to mutually plan for and attend joint Juvenile Justice Partnership Meetings on a bi-annual basis. All parties agree to use this opportunity to discuss systems related issues and jointly needed program development.

**NARBHA Responsibilities**

1. NARBHA will provide meeting space and support staff (minutes, agendas, meeting notices, etc).

**ADJC Responsibilities**

1. ADJC staff will participate in scheduled meetings.  
  
Agenda item requests should be sent to the NARBHA Youth and Young Adult Projects Coordinator or the assigned meeting coordinator.

**Joint Training**

**NARBHA/Provider Responsibilities**

1. Training on this Protocol is mandatory for all children's behavioral health and ADJC employees in the NARBHA region within six months of employment with updates reviewed annually. An overview training is available on Essential Learning.

**ADJC Responsibilities**

2. Joint training needs are discussed and decided on in a collaborative manner. Ideas for trainings are obtained from management staff at both NARBHA and ADJC, from line staff input, during Children's Regional Council Meetings, and NARBHA's Adult and Children's Services Meetings. Systems issues and program development needs, which are discussed during the regional Juvenile Justice Partnership Meetings, may also be considered as topics for future training opportunities.

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Want More Information?

- ☞ DBHS Clinical Guidance Documents: <http://www.azdhs.gov/bhs/guidance/guidance.htm>
- ☞ NARBHA/CFSS On-line Juvenile Justice Overview Training: [www.cftraining.com](http://www.cftraining.com) (available under NARBHA/System Partners tab)

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**NARBHA Region Responsible Agency Contacts- Children's Providers**

A more detailed contact list is available at NARBHA's website: [www.narbha.org](http://www.narbha.org)

<p><b>Community Behavioral Health Services (Page / Fredonia)</b> 928-645-5113</p>	<p><b>Hopi Guidance Center (Second Mesa)</b> 928-737-2665</p>
<p><b>Community Counseling Centers (Winslow / Holbrook / Show Low)</b> 928-524-6701 Holbrook, 928-537-2951 Show Low</p>	<p><b>Mohave Mental Health Clinic (Kingman / Bullhead City / Lake Havasu City)</b> 928-757-8111(Kingman), 928-758-5905 (BHC), 928-855-3432 (LHC)</p>
<p><b>Little Colorado Behavioral Health Centers (St. Johns / Springerville)</b> 928-337-4301 St Johns, 928-333-2683 Springerville</p>	<p><b>The Guidance Center (Flagstaff / Williams)</b> 928-5271899</p>
<p><b>Verde Valley Guidance Clinic (Cottonwood / Camp Verde / Sedona)</b> 928-634-2236</p>	<p><b>West Yavapai Guidance Clinic (Prescott / Prescott Valley)</b> 928-445-5211</p>
<p><b>Southwest Behavioral Health Services (Bullhead City / Kingman / Lake Havasu City)</b> 928-763-7776 (BHC) 928-753-9387 (Kingman) 928-453-2661 (LHC)</p>	<p><b>Child &amp; Family Support Services (Flagstaff / Prescott Valley)</b> 928-774-0775 (Flagstaff) 928-775-2500 (PV)</p>