Steward Health Choice Arizona (SHCA)
Arizona Department of Child Safety

Collaborative Protocol

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Steward Health Choice Arizona/DCS
Collaborative Protocol
2018-2019

Roles and Responsibilities in the Coordination of Behavioral Services for Children in the Custody of DCS

Steward Health Choice Arizona (SHCA) the Regional Behavioral Health Authority (RBHA) and

Arizona Department of Child Safety
(DCS)

Statewide Regional Behavioral Health Authorities (RBHAs) and the Department of Child Safety (DCS) agree to collaborate in the coordination of service delivery to eligible children and families involved in the child welfare system. All providers with DCS and the RBHAs will adhere to this protocol. The roles and responsibilities of each agency are outlined below. Implementation requires partnership at the direct staff, local and regional administrative levels within all agencies. This signed protocol will serve as the standardized, statewide agreement between all agencies (DCS and RBHAs) that the responsibilities indicated in this protocol suffice such that co-location is not a necessary requirement at this time. Individual Integrated Health Homes may decide to co-locate if that is deemed appropriate by both parties.

The Regional Behavioral Health Authorities (RBHAs) and the Department of Child Safety (DCS) recognize that the concepts outlined in the Arizona Children's Vision and Principles and the mission of safety, permanency and well-being are paramount in the delivery of effective services which:

- begin with the child and his or her family
- respect their preferences, interests, needs, culture, language and belief system
- provide opportunities and mechanisms for families to identify their roles within the structure of the behavioral health system
- respect the family's voice

[For more information, please reference the AHCCCS Practice Protocol "Understanding the Unique Behavioral Health Needs of Children and Families Involved with DCS" and view the on-line "Unique Needs" training posted on your Relias Learning Website.]

*Links for this protocol can be located at: Child and Family Team Practice or at the following SHCA website:

- Steward Health Choice Arizona (SHCA) (www.stewardhealthchoiceaz.com)
- SHCA Provider Manual 18.7 'Coordination of Care with Other Government Entities'

Arizona Early Intervention Program (AzEIP) – The Arizona Early Intervention Program (AzEIP) is Arizona's statewide, interagency system of supports and services for infants and toddlers with developmental delays or disabilities and their families. AzEIP is established by Part C of the Individuals with Disabilities Education Act (IDEA), which provides eligible children and their families' access to services to enhance the capacity of families and caregivers to support the child's development. Arizona defines as eligible for supports and services through AzEIP, a child between birth and 36 months who is developmentally delayed or who has an established condition which has a high probability of resulting in a developmental delay. Established conditions which have a high probability of developmental delay include: chromosomal abnormalities, metabolic disorders, hydrocephalus, spina bifida, intraventricular hemorrhage (grade 3 or 4), periventricular leukomalacia, cerebral palsy, significant auditory impairment, significant visual impairment, failure to thrive, and severe attachment disorders, based on diagnosis by a qualified physician or other qualified professional and including the use of informed clinical opinion.

Arizona Families F.I.R.S.T. (AFF) – Arizona Families F.I.R.S.T. (standing for Families In Recovery Succeeding Together) is a program jointly administered by the AZ Department of Child Safety and the AZ Department of Health Services to offer a continuum of community-based substance abuse treatment services, regardless of financial eligibility, to a parent, guardian, or custodian of a child who is named in a report to DCS as a victim of abuse or neglect and whose substance abuse is a significant barrier to maintaining or reunifying the family or to a person whose substance abuse is a significant barrier to maintaining or obtaining employment and is a recipient of Temporary Assistance to Needy Families (TANF).

Child and Family Team(CFT) – A defined group of people that includes, at a minimum, the child and his/her family, a Behavioral Health Representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like DCS or Division of Developmental Disabilities (DDD), or etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child. The frequency of meetings of the CFT varies according to the intensity of the child's clinical needs and the preferences of the family/legal guardian.

Comprehensive Assessment – The ongoing collection and analysis of a child's medical, psychological, psychiatric and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals. Behavioral health providers

contracted with MMIC/ QSPs must ensure that the Arizona Health Care Cost Containment System (AHCCCS) required assessment elements are addressed in the assessment process.

DCS Case Plan – Written document which identifies the permanency goal and target date, desired outcomes, tasks, time frames, and responsible parties.

DCS Out of Home Placement – a licensed family foster home or family group home, kinship foster care (relative or non-relative), a shelter care provider, a receiving home or a group home.

DCS Notice to Providers (Out-of-Home, Educational, and Medical), CSO-1035A – This notice serves to confirm that a child is in the care, custody and control of the Department of Child Safety and the out of home placement named in the document is an authorized out-of-home care provider. 1) The whereabouts and information about this child is confidential. 2) The notice confirms that the child is eligible for health coverage through CMDP.

Behavioral Health Crisis and Safety Planning – Crisis planning includes specific objectives and strategies to ensure timely availability of necessary supports and interventions in a crisis situation. Crisis situations refer to situations which pose a significant safety risk to the child, family, or community. Crisis planning includes recognizing when a situation is escalating and how to best defuse the situation or obtain assistance to prevent further escalation. The plan should include specific interventions and response strategies to support the child/family during a crisis situation. In addition the plan should identify steps to prevent crisis situations from occurring or establish safety criteria. A type of crisis plan, may be required when there is an immediate concern regarding the safety of others or when there is solid evidence of prior unsafe behavior toward others that threatens the chance the child/youth can remain/return to living in his/her community.

Crisis Response Network (CRN) – Is the crisis call center, under contract with SHCA, which provides telephone triage and intervention, mobile crisis team dispatch.

High Needs Case management/Dedicated Case Management – Case management services for children with complex needs, CASII scores of 4 or higher and/or family choice provided by the RHBA contracted providers as defined by AHCCCS.

Case Management – RBHA contracted case management services by a qualified behavioral health provider.

Behavioral Health Home/Qualified Service Provider (QSP) – A behavioral health provider agency contracted with RBHA to provide

comprehensive behavioral health services to enrolled children and their families. Services provided by a QSP include intake and assessment, counseling, and direct support services, based on identified need and child and family preference. Services through a QSP are provided through the Child and Family Team (CFT) process according to the 12 Arizona Principles.

Rapid Response – DCS Rapid Response (DCS-RR) will provide priority clinical evaluations for children in the custody of DCS. Rapid Response clinicians will ensure that children receive triage and evaluation, within required timelines, in order to complete an initial behavioral health assessment, support the child/family placement and provide appropriate referrals for children. The clinicians will respond to children regardless of their Title XIX or Title XXI status or eligibility. The services will address the child's needs and take into consideration the person's preferred language and culture.

Regional Behavioral Health Authority (RBHA) – A behavioral health organization contracted with the Arizona Health Care Cost Containment System (AHCCCCS), Division of Behavioral Health Services to administer a managed care behavioral health delivery system in sections of Arizona. Steward Health Choice Arizona is the RBHA in the greater northern Arizona service area. SHCA is responsible for managing and administering the behavioral health services in Mohave, Coconino, Yavapai, Navajo, Apache, Gila, and for managing behavioral health care for persons who are eligible to receive services. SHCA contracts with Qualified Service Providers to provide medically necessary behavioral health services.

Family Functioning Assessment - Investigation [FFA](DCS) is used within the larger procedures of child protection and child welfare practice. This assessment designed to provide DCS Specialists with a mechanism for assessing present and impending danger of serious or severe harm to children, and for taking quick action to protect children. DCS Specialists will use the FFA to help focus decision making to determine whether a child is safe or unsafe and, if unsafe, what actions must be taken to ensure the safety of the child. The major steps required to apply the FFA include the collection and analysis of quality and sufficient safety related information, an assessment and analysis of the safety factors, completion of the FFA and implementing and monitoring the safety plan. This is a DCS assessment that can be distributed to the BHH and the clinical team.

Safety Plan (DCS) – Safety Plans are actions taken to control and manage impending danger, have an immediate effect, are immediately accessible and available and contain safety actions only, not services designed to effect long-term change. It must be sufficient to ensure safety. It is a written arrangement with the parent(s)/legal caregiver and those who will help maintain safety (responsible adult) and the DCS Specialist. This is a DCS Safety Plan that can be distributed to the BHH and the clinical team. Collaboration with DCS and BHH is imperative in order to ensure alignment with both DCS and BHH safety plans.

Strengths, Needs, and Culture Discovery (SNCD) – An assessment process that includes the following elements: (1) Identification of

strengths, assets and resources that can be mobilized to address family needs for support; (2) Exploration and understanding of the unique culture of the family, so the service plan will be a plan the child and family will support and utilize. The family's culture is influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation and other factors; (3) Recording of the child and family's vision of a desired future; and (4) Identifying the needs and areas of focus that must be addressed to move toward this desired future.

Team Decision-Making (TDM) – These DCS meetings represent a strengths-based decision making process to address the safety and placement of a child(ren). This is a collaborative process involving family members, family supports, community members, DCS, and partnering agencies. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement of the children and to make a plan which protects the children and preserves or reunifies the family. Ultimately, safety is the responsibility of DCS.

A. Rapid Response

In Home Services

RBHA Provider Responsibilities	DCS Responsibilities
Procedure for a Rapid Response Assessment re: In-Home Dependency will be the same as a removal.	If an In-Home Dependency/Intervention Petition is initiated and the child (family) is TXIX eligible, a Rapid Response referral will be initiated within 24 hours of custody.

72-Hour Rapid Response Assessment Process

AHCCCS requires a 72-Hour Rapid Response process for children who have been removed by DCS. DCS will submit a Rapid Response Referral within 24 hours of a child's removal to CRN. The BHH will respond to the Rapid Response request within 72 hours of receiving the DCS Rapid Response Referral from CRN.

1. The purpose is to: identify immediate behavioral health needs and presenting problems of children removed from their homes, to stabilize crises, enroll the child and their family, if eligible for services and medically necessary, in the behavioral health system and offer the immediate services and supports each given child and family may need;
2. Provide direct (therapeutic) support to each child removed from their home as appropriate, intending to reduce stress or anxiety the child and their family may be experiencing;
3. Provide direct support to each child's new caregiver as appropriate, including guidance about how to respond to the child's immediate behavioral health needs;
4. Identify a point of contact within the behavioral health system;
5. Initiate the development of a Child and Family Team (CFT) process; and
6. Provide DCS with findings and recommendations related to the behavioral health needs of each child prior to the Preliminary Protective Hearing if possible, not to exceed five calendar days from the referral.
7. Difficulties or questions about this process can be directed to SHCA's DCS Liaison at 928-214-2324 or 928-214-2370.

Child Eligibility Criteria for services *beyond* the 72-hour Rapid Response:

- The child has full benefits under CMDP or any another qualifying AHCCCS plan

Block Grant Funds for some services may be available to eligible children.

RBHA Provider Responsibilities	DCS Responsibilities
1. The BHH will respond to the Rapid Response request within 72 hours of receiving the DCS Rapid Response Referral from CRN. 2. BHH will set up an initial in-home assessment/intake, to assist with immediate needs and support to child and family placement with connection to ongoing behavioral health services 3. If an intake did not occur at the same time as the initial Rapid Response Assessment, Clinician will coordinate with family to schedule an appointment for the child within seven (7) calendar days for intake and schedule Child and Family Teaming. 4. Behavioral health services should begin within 21 days after the initial assessment. Ongoing behavioral health services should occur as often as medically necessary and at a minimum of once a month for the next 6 months after the child is in DCS custody. 5. When responding to the 72-Hour Rapid Response call from CRN, the BHH will immediately call the referring DCS Specialist to discuss and agree upon on the response time (within 72 hours) as well as gather any	1. DCS will submit a Rapid Response Referral within 24 hours of a removal for all children to the CRN 72-Hour Response email at UrgentResponseDispatch@crisisnetwork.org . DCS will utilize the statewide DCS Rapid Response Referral Form and will provide CRN with all requested information, including biological parent/primary caregiver contact information, and reserve sharing additional information with the BHH no later than the first CFT. 2. A DCS representative will speak with the caregiver to determine if the family is currently enrolled with a SHCA Health Home. If they are, DCS will let CRN know which Health Home they are enrolled with. If they are not currently enrolled with a Health Home, DCS will ask the caregiver if they have a preference between Health Homes in their local area. This preference may be indicated on the DCS Rapid Response Referral form. 3. The DCS Specialist agrees to remain available at the cell phone number provided to CRN for 30 minutes in order to speak with the BHH and provide additional information about the removal. <u>The DCS Specialist will immediately enter the removal date in the CHILDS (DCS automated computer system) screen, thus completing the Title XIX eligibility process.</u>

additional information needed to make the face-to-face assessment.	
Discussion between the BHH 72-Hour Response Worker and the DCS Specialist will include the sharing of appropriate, key information that may impact the BHH's behavioral health recommendations. This may include: the reason for removal, how-when-why-where the removal occurred, any known special needs of the child, any known supports for the child, where siblings are, where birth parents are, any known experience/needs of the new caregiver, and contact information for the new caregiver, etc. The DCS Specialist should inform the BHH of any known restrictions to clinical interviewing and subsequent recommendations that may impact court orders or forensic interview processes. The DCS Specialist will provide contact information, if known, for biological family members and sign a Release of Information (ROI), so the clinician completing the 72 hour response can contact the family for additional information and engagement.	
6. The assessment process will be initiated by the BHH during the 72 Hour Rapid Response Assessment (for children entering DCS custody) or during the initial intake appointment for children referred through routine assessment. *Minimum Required Elements during the 72 Hour Rapid Response:* ✓ Cover Sheet and Demographic Information ✓ Risk Assessment ✓ Mental Status Exam ✓ Bio-Psycho Social Summary ✓ Diagnoses ✓ Next Steps/Interim Service Plan (individualized to meet specific and immediate behavioral health needs of the	4. At the time of initial placement, DCS will notify the placement caregiver of the purpose and importance of the 72-Hour Rapid Response Process and that the BHH will be contacting them regarding the required face-to-face assessment.

child and to ensure that those services/goals are met) a. Immediate actions to mitigate effects of removal b. Supports and services for child(ren), caregivers, biological families, kinship and other primary care providers to meet the child's needs c. Recommendations as to type, frequency, and length of contact child should have with specific relatives, siblings, friends, etc. d. A plan to ensure that even asymptomatic children are assessed and observed for emerging behavioral health needs. e. A plan to address the child's trauma irrespective of whether symptoms or behaviors are present. The BHH will provide information to DCS within five (5) days of completion of the response.	
7. Assessments must be completed within 45 calendar days, best practice is for the behavioral health home to complete the service plan at the initial CFT. The first behavioral health service following the initial assessment appointment is provided within	5. Within 72 hours a Team Decision Making (TDM) Meeting may occur. The DCS Specialist will notify the BHH Children's Director/Supervisor of the outcome of the TDM within 3 days post TDM or at intake if TDM has already occurred.

timeframes indicated by clinical need, but no later than 21 calendar days of the initial assessment. 8. Behavioral health assessments should include the identification of exposure to trauma and be conducted from a trauma-informed care perspective. If trauma is identified, trauma informed care/trauma focused services are provided to the child, as clinically appropriate. Birth to Five/maternal services are available to very young children and their mothers.	
For children placed in shelters, both the BHH and DCS will take additional care to adequately assess and support the child. In a shelter situation, DCS and the BHH would be present and may complete the 72-Hour Rapid Response Assessment jointly and at minimum, include developing a thorough, individualized interim service plan that addresses immediate crisis, safety, and support needs of the child and placement.	
B. Intake and Assessment	
RBHA Provider Responsibilities	**DCS Responsibilities**
1. Crisis Assessment/Crisis Triage: SHCA 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. SHCA maintains a toll free telephone number [1-877-756-4090] for this purpose.	1. For Persons in Crisis: See SHCA responsibilities for Crisis Triage Services, which are available 24 hours a day, 7 days a week by calling the local Behavioral Health Home or SHCA toll-free Crisis Line **[1-877-756-4090].** If DCS is making a referral for an individual experiencing a psychotic episode or is in crisis, be sure to request "Crisis Triage" services for a priority response. 2. For children entering the care and custody of DCS, the DCS Specialist initiates a referral to the Health Home for Behavioral

2. Routine Assessment: Behavioral Health Homes (BHHs) provide both telephone and face-to-face Crisis Triage during business hours. Crisis Response Network (CRN) staff provide telephone Crisis Triage after business hours and determine whether the person's needs are either Immediate, Urgent or Low/Routine. Intake/Assessment: ▪ Immediate Need: Requires crisis assessment within less than 90 minutes from identification of need or as quickly as possible when a response within that time is geographically impractical. ▪ Urgent Need: Requires crisis assessment within less than 72 hours. ▪ Routine Need: Requires routine assessment within 7 days. CRN is not required to contact staff at Behavioral Health Homes regarding members with Low/Routine acuity whose immediate needs have been handled during the telephone Crisis Triage; however reports are forwarded to the Behavioral Health Homes by the next morning. All persons with Immediate or Urgent acuity are referred immediately by CRN to on-call staff at the Behavioral Health Homes for Crisis Services.	Health Services through the 72 Hour Rapid Response Process (see next section). For children and their families receiving services, but not in the custody of DCS who are in need of Routine Assessment: DCS will contact the member or legal guardian to recommend Behavioral Health Services. A signature from the parent is required for Behavioral Health to respond to the referral. The DCS Specialist will provide the member or legal guardian BHH contact information or SHCA member services number 1 (800) 640-2123 and will assist if necessary. 3. A DCS representative or foster parent will participate in the intake and assessment process for dependent children. Foster parent may also attend this assessment.

BHH staff will arrange for hospitalization (when required) as well as transportation to the identified facility.	

C. Child and Family Team Process

Care Coordination for the CFT: SHCA and DCS are committed to providing family-driven services through the Child and Family Team Process. CFTs are consistent with family-driven, strength-based planning and shared-parenting practices in supporting natural and foster family dialogue and decision-making. CFT meetings will occur every three (3) months or more frequently as needed. DCS can also make a written request that a CFT meeting occur as soon as possible if an immediate need arises. Children in out-of-home care receiving behavioral health treatment services will be expected to have a CFT every month.

RBHA Provider Responsibilities	DCS Responsibilities
1. Both the DCS Specialist and the BHH Representative will be notified of and must participate in all Child and Family Team Meetings. The development of the Behavioral Health Service Plan and any subsequent reviews are conducted through the CFT process. 2. While preparing to engage members for the first Child and Family Team meeting, the BHH will seek to obtain a signed reciprocal Release of Information (ROI) from DCS to make contact with the birth family, caregivers, or other identified team members.	
3. BHHs will facilitate service provision for children through Child and Family Team practice in accordance with the AHCCCS Child and Family Team Practice Protocol. The CFT must include at a minimum the child, his/her family, legal guardian, any	3. The DCS Specialist communicates with the BHH to assist in the identification of team members for the Child and Family Team and assists by providing phone numbers and contact information. DCS will assist in the identification and engagement of birth family members and caregivers for the CFT process. The DCS specialist will continue to be involved in

foster parents, a behavioral health representative, Guardian Ad Litum (GAL) and should extend to any individuals important in the child's life who are identified by the team. This should include engagement and inclusion of birth family as identified by DCS unless DCS requests exclusion due to safety concerns or court orders. CFTs include nine (9) essential steps (which are not strictly linear): • Engagement of the Child and Family • Immediate Crisis stabilization • Strengths, Needs and Culture Discovery • CFT Formation/Meeting Facilitation • Behavioral Health Service Plan Development • Behavioral Health Service Plan Implementation • On-going Crisis and Safety Planning • Tracking and Adapting • Transition	the CFT process. If the DCS Specialist cannot attend, they will attempt to get another DCS representative to attend in their absence or foster or kinship caregivers can consent to changes in the service plan through the CFT. The only services that require DCS consent are In-patient psychiatric acute care services, residential treatment services, therapeutic group homes, and Home Care Training to Home Care Client (HCTC). The DCS Behavioral Health Clinical Coordinator (BHCC) may also attend the CFTs when necessary.
4. The BHH and DCS will partner through the CFT process to align behavioral health treatment (including medication management) with DCS permanency goals. This should include identifying goals to support reunification/permanency, permanent connections, placement stability, support through transitions and	

involvement of natural supports. The parent(s)/caregiver(s) needs should also be addressed in the CFT process and coordinated with the treatment of their child. SHCA and DCS will work together to keep children in their homes and local communities, and in the least-restrictive environment, while assuring the safety of the child, their family and the community.	
5. Provide a copy of the approved Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the DCS Specialist within five (5) working days of completion of the CFT.	5. DCS may ask for a final copy of the Behavioral Health Service Plan prior to signature.
6. A Behavioral Health Service Plan shall be completed at least every six (6) months or at a frequency decided on by the Team. CFT members will align wherever possible the goals of the Behavioral Health Service Plan to support the goals outlined in the DCS Case Plan.	6. The DCS Specialist is responsible to create the DCS Case Plan and participate in the creation of the Behavioral Health Services Plan within the CFT process. The DCS Specialist and CFT members will align wherever possible the goals of the Behavioral Health Service Plan to support the goals outlined in the DCS Case Plan.
7. Notification of change of the SHCA BHH Behavioral Health Representative should be given to DCS within five (5) working days.	7. Notification of change of the DCS Specialist should be given to the Behavioral Health Home within five (5) working days. DCS will keep the BHH Behavioral Health Representative information updated on the DCS Attachment A Form.

8. Provide appropriate and timely written progress information to the DCS Specialist; including monthly summaries or copy of CFT note re: treatment progress, clinical impressions, and frequency of services.	8. The DCS Specialist will share all necessary information contained in the DCS Continuous Child Safety Risk Assessment (C-CSRA) and Case Plan. The DCS Specialist will keep the BHH Behavioral Health Representative updated on case issues including: court orders, permanency planning, visitation issues, safety concerns, or other relevant information within five (5) business days of receipt of said information in order to coordinate Behavioral Health Service Planning.
9. Communication is to occur between SHCA, the BHH and DCS during the transition of members involved in an Inter-RBHA or Intra-RBHA transfer process. The details of these transition processes must be discussed through the CFT process in order to ensure adequate coordination of care.	
10. For children in out-of-home placements more intensive coordination of care will occur. Frequency and intensity of services will be established through the CFT. Comprehensive treatment planning, including measurable objectives and discharge criteria will be completed with the CFT at the time of out-of-home placement. Treatment objectives for the involvement of family and natural supports will be included in the comprehensive treatment plan. The status of each treatment objective and progress toward discharge and reunification will be addressed at each CFT meeting. The CFT will directly identify barriers to discharge and reunification and offer solutions through the CFT. The team will identify least restrictive and permanent placements and demonstrate efforts to secure the most appropriate option.	
11. For particularly complex out of home placements, any stakeholder may request a “High Level Staffing” to review case. The intention of a high level staffing is to bring all multidisciplinary team members together to review a historical timeline of services that the child has received and to bring extended clinical knowledge to the discussion in order to collaborate and expand on all possible interventions and options for the child.	

The high level staffing is designed to identify the need, report the history of services for the child and identify what worked well and what did not work well. The primary BHH will be responsible for organizing and facilitating the meeting and inviting the appropriate members to participate.

Want More Information?

AHCCCS Practice Protocol Child and Family Team:
https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/ChildFamilyTeam/ChildFamilyTeam.pdf
https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/oohcs.pdf
AHCCCS Practice Protocol Child & Adolescent Service Intensity Instrument:
https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/child-family-team-attachment-4.pdf
Registration for Live CFT Training is on your Relias Learning website. Look for the title Child and Family Team Training
Steward Health Choice Arizona (SHCA):
https://www.stewardhealthchoiceaz.com/wp-content/uploads/mdocs/Chapter_18_BH_Services_SHCA_AdHoc%20Review_3.4.19.pdf

D. Case Planning and Permanency

Biological Family/Family of Origin Participation
Biological parents/primary caregivers of children in the care/custody of DCS who are eligible for ongoing behavioral health services are encouraged to participate in all phases of services for their children, as clinically appropriate. The CFT must include, at a minimum: the child, his/her birth family/primary caregiver, legal guardian, any foster parents, a behavioral health representative, Guardian Ad Litum (GAL) and should extend to any individuals important in the child's and family's life who are identified by the team. This must include engagement and inclusion of biological parent(s)/primary caregiver(s) as identified by DCS unless DCS requests exclusion due to safety concerns or court orders.

RBHA Provider Responsibilities	DCS Responsibilities
1. The BHH shall conduct outreach and	1. DCS will provide the BHH with the biological parent(s)/primary

engagement activities with the biological parents/primary caregiver of the child placed in foster care, if not excluded by DCS due to safety concerns/court order, within five (5) business days of the BHH conducting the 72 hour Rapid Response. 2. It is expected that the BHH will attend the Team Decision Making (TDM) and/or Pre-hearing Conference (PHC) meetings as a way to provide support to the child and his/her family, facilitate engagement, and discuss the services that can be provided by the BHH to the eligible child/primary caregiver. BHH may attend by phone if allowable by the court. 3. If contact with the biological parent(s)/primary caregiver(s) is unable to be made, the BHH will continue to perform outreach and engagement activities with the biologic parent/caregiver. Evidence of outreach to engage parents/caregivers should be ongoing and documented in the child's clinical record. If the BHH identifies barriers to engaging the biological family/primary caregiver, they will seek assistance from the DCS Specialist to encourage the parent's/caregiver's engagement. 4. Once the biological parent/primary caregiver is engaged, the BHH will include them in all phases of service delivery to	caregiver(s) contact information at the time of the 72 hour Rapid Response Referral and inform the BHH as to whether there are any exclusions to the family's involvement due to safety concerns and/or court orders. 2. DCS will provide the BHH with the scheduled date and time of the family's TDM and/or PHC prior to the TDM. 3. Upon notification from the BHH regarding barriers to engaging the biological parent(s)/primary caregiver(s), the DCS Specialist will provide support and assistance to the BHH to facilitate the family's contact and engagement.

their child, as clinically appropriate (i.e., assessment, service plan development, CFT participation, etc.).	

Identification of the Behavioral Health Needs and Provision of Services to Eligible Parents/Primary Caregivers of Children with DCS Involvement

Adult Eligibility Criteria:

- The adult is enrolled with a BHH at the time of the child's removal.
- The adult is determined to be enrolled with AHCCCS but not with a BHH at the time of the removal and meets eligibility for services at the BHH.
- If the adult does not meet eligibility criteria themselves, there is opportunity for them to receive specific services billed under the child, if those services directly benefit the relationship and parenting of the child and parent/family, (i.e., family therapy)
- Substance Abuse Block Grant (SABG) funding may be available for Parents receiving services who are not AHCCCS eligible or do not have private insurance.

Exclusionary Criteria:

- The adult is not enrolled in AHCCCS at the time of their child's removal and do not meet other eligibility criteria.
- The adult is enrolled in a non-SHCA BHH and switching to a SHCA BHH is not clinically indicated.

- Note: "Adult" refers to the biological parents or legal primary caregiver that the child was removed from.

RBHA Provider Responsibilities	DCS Responsibilities
1. The BHH shall assess the behavioral health needs of eligible parents/primary caregivers of children involved with DCS.	

2. If behavioral health needs are identified, the BHH will facilitate/coordinate the adult's access to medically necessary services, allowing for family/individual choice. 3. Services to the adult are to be coordinated with the behavioral health treatment of their child. Services should include providing support to the adult in addressing both their individual and family's needs. 4. Child-only serving BHHs will need to reach out to an alternate BHH that can provide services to adults to engage parents in treatment as needed. Joint CFT/ART meetings should be facilitated to determine the best services to meet the needs of the child and family both individually and as a whole. If joint CFT/ART meetings are not seen as advisable, separate CFT/ART meetings should be held. BHHs' children's staff and adult staff will be expected to coordinate services for the entire family to address needs and reunification goals. Children's staff can encounter for enrolled youth and adult staff for enrolled adults. 5. Collaboration and coordination of care should occur with community stakeholders and/or other agencies that may be involved	

in the child's and/or adult's care (i.e. DCS, probation/parole departments, AZ Families First, etc.), after obtaining any and all necessary authorizations from the guardian and/or parent. 6. Behavioral health assessments should include the identification of exposure to trauma and be conducted from a trauma-informed care perspective. If trauma is identified, trauma informed care/trauma focused services are provided to the adult, as clinically appropriate.	
E. Service Planning	
RBHA Provider Responsibilities	**DCS Responsibilities**
1. Individual Service Planning • The Individual Service Plan is used to identify and document service planning information. • The Individual Service Plan objectives are to be reviewed at each meeting of the Child and Family Team and updated as newly identified needs and specific objectives are developed and added. • The Individual Service Plan must be completed within 90 calendar days of the intake appointment. • Individualized plans should be designed to accommodate the DCS goals without	1. Development of DCS Case Plan • The DCS Specialist will consider the child's Individual Service Plan, Child and Family Team meeting process, and Team Decision Making when developing and (updating) reviewing the DCS Case Plan. 2. The DCS Specialist will support and include coordination of the services for the child and biological parents/guardians into the DCS Case Plan. 3. The DCS Specialist shall support and assist the family and the Facilitator in developing the family's vision for the future. 4. The DCS Specialist shall apprise the team of any significant changes such as court orders or emergency changes in placement as quickly as possible so

duplicating services to the child and family. 2. The Individual Service Plan shall include the child and family's vision for the future, which shall be the focus for the development of goals in the plan. 3. The Behavioral Health Representative will coordinate, after releases of information have been obtained, services for the biological parents/guardians and include that coordination in the Individual Service Plan. 4. Identified Needs, Goal and Specific Objectives • While the Facilitator or other team members may have suggestions for goals and objectives, the selection of goals and specific objectives is a decision made by the family and/or guardian. • When looking at goals and specific objectives, it may be helpful to review life domains such as: Housing, Work/Career, Education, Transportation, Financial Support, Social and Relational Skills, Leisure and Recreation, Activities of Daily Living, Behavioral Issues, Health Care, and Other. 5. Interventions to Meet Needs and Specific Objectives	they can be incorporated into planning processes and team membership decisions. 5. The DCS Specialist shall support and assist the Facilitator in identifying needs and developing goals and specific objectives. These should be developed to support the DCS Case Plan whenever possible. 6. The DCS Specialist shall support the Facilitator and the Child and Family Team to develop appropriate intervention to meet needs and specific objectives and may offer DCS resources when appropriate to meeting Child and Family Team goals and objectives. 7. The DCS Specialist shall conduct a case plan staffing and create the case plan within 60 days of the child's initial removal from home.

• The team shall describe how each of the service needs or specific objectives will be met. • The team identifies the method by which the specific objective will be measured so that it can be determined whether it was accomplished and develops the target date for completion. • The team shall review progress on meeting specific objectives. • Emergency meetings may need to be called from time to time if any crises arise or if the child or family request that a meeting be held. • The team shall consider service or support changes when no progress is identified on plan objectives. 6. The Facilitator is responsible for creating an effective loop between the Individual Services Plan, its implementation, its effectiveness, and its modification when appropriate. The Facilitator will contact team members, offer reminders, and in other ways assist team members to follow-through on commitments. 7. Adjustments shall be made to the Individual Service Plan as additional issues arise, progress is made, or additional needs or solutions are identified. The Child and Family Team should continually monitor and	

adjust the Individual Service Plan as needed. 8. The RBHA must provide services within the scope of the AHCCCS definition of Medically Necessary Covered Services: Behavioral health services provided by qualified service providers within the scope of their practice to prevent disease, disability, and other adverse health conditions or their progression or to prolong life that are aimed at achieving the following: • The prevention, diagnosis, and treatment of behavioral health impairments; • The ability to achieve age-appropriate growth and development; and • The ability to attain, maintain, or regain functional capacity.	

F. Crisis Prevention and Support Planning

In order to address and plan for barriers to implementing the Behavioral Health Service Plan, the Child and Family Team (CFT)/Adult Recovery Team (ART) will meet to develop a Crisis Prevention Plan for those children over the age of 6 and who have a CASII score of 4, 5 or 6. However, behavioral health Safety Plans are also constructed when there are imminent safety risks, such as harm to self or others. When a behavioral health Safety Plan is required, there will be significant overlap with the Crisis Prevention Plan.

RBHA Provider Responsibilities	DCS Responsibilities
1. The BHH will complete and document a Crisis Prevention and/or Safety Plan through the Child and Family Team/Adult Recovery Team process. The team will plan a dedicated	1. The DCS Specialist will participate in the development and on-going maintenance of the Crisis and Safety Plan through participation at CFTs/ARTs and on-going coordination of care with the BHH.

CFT/ART for the creation of the Crisis Prevention and/or Safety Plan. For children, refer to the CFT Practice Protocol which follows a four-step model that includes Prediction, Functional Assessment, Prevention, and Crisis Planning. 2. Crisis Plans should be specific and should include names and phone numbers, as well as contingencies. Crisis prevention plans should include a process, agreed upon timeframes and minimum participants to engage in emergency CFTs/ARTs. 3. On notification of a potential placement disruption, the Behavioral Health Representative or facilitator will pull together an emergency CFT/ART meeting to discuss the immediate placement and support needs for the young adult or child. There should be a crisis plan already in place to pull together Team Members in case of emergencies.	2. The DCS Specialist will notify the Behavioral Health Representative and team if a pending transition may impact the current Crisis Prevention Plan or create the need for developing a new plan. 3. The DCS Specialist will notify the BHH of any possible placement disruptions and request an emergency CFT meeting if necessary.
G. RHBA vs DCS Safety Planning (when determined to be needed by the team)	
RBHA Provider Responsibilities	**DCS Responsibilities**
1. RBHA Safety Plans are developed when solid evidence of significant past unsafe behavior of	1. It is the responsibility of the DCS Specialist to develop a DCS Safety Plan for the child according to the required guidelines. This DCS Safety Plan shall be

the child exists when the family and/or guardian feels that significant safety issues exist, or when there is evidence that unsafe behavior by others, including family members or people from the community, could be perpetrated on the child. 2. Adjustments may need to be made to the Safety Plan as additional issues arise, progress is made, or additional needs and solutions are identified. The Child and Family Team shall continually monitor and adjust the RBHA Safety Plan as needed.	shared with the Child and Family Team. 2. The DCS Safety Plan shall be incorporated into the RBHA Crisis Plan and shall be supported by the Child and Family Team. 3. The DCS Safety Plan will address threats identified in the Child Safety Assessment.

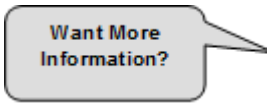
H. Transition to Adult Services

Young adults involved with DCS often require more intensive, creative interventions to support a successful transition to adulthood. Teams should have a good understanding of the need for specialized behavioral health supports, increased focus on connections to natural supports, specific crisis and safety planning, and preparation for the transition to adulthood. Teams should also find a balance in intensive supports and recovery concepts, making sure the youth's voice is clearly heard in the service planning process.

RBHA Provider Responsibilities	DCS Responsibilities
1. For children age 16 and older, Behavioral Health Homes will adhere to the AHCCCS Transition to Adulthood Practice Protocol. CFTs will at minimum ensure various tasks	1. All youth in out-of-home care who are age 16 and older will have an independent living plan or other case plan that supports their individual transition to adulthood.

are completed in line with the Protocol and SHCA Policy Chapter 11.0 Transition of Members at various times (age 16, 17, 17 ½ and 18).	Youth must be at least 17 to receive a subsidy through the DCS Independent Living Program. Young adults must be approved by their DCS Specialist and the Independent Living Coordinator. They must also participate in employment, school or vocational training and maintain a living arrangement in line with their contract in order to remain in DCS care past their 18th birthday.
2. SHCA, the BHHs and DCS will collaborate to meet their respective mandates and develop individualized transition plans that support the best interests of the child in order to facilitate a smooth transition to adult services and assist the young adult in achieving success and stability. CFT/ART practice for young adults should include youth voice and if requested, youth-led team meetings which emphasize increased decision-making opportunities and involvement of natural supports. If the youth is interested, both BHH and DCS will coordinate with youth to assist in family finding and establishing natural supports.	
3. BHHs must include an Adult Recovery Team representative at all CFTs beginning at age 17 ½, or earlier upon CFT request, in order to ensure a smooth and supportive transition into the Adult Team. If appropriate, once the youth turns 18, BHH will complete the required documents and send request to CRN for SMI Determination.	3. The DCS Specialist will obtain a case plan signature from the child prior to their 18th birthday if the child wishes to remain in DCS care. (Young adults can remain voluntarily in DCS care until their 21st birthday.)
4. When applicable the BHHs will obtain new releases and consents from young adults after their 18th birthday.	4. The DCS Specialist will assist the youth in obtaining documents such as birth certificate, social security card, state identification, medical card, Young Adult Transitional Insurance application and any other necessary information at least 6 months prior to their 18th birthday.
5. Youth that are aging out of DCS care upon turning age 18 can maintain AHCCCS coverage through age 25. For youth who	

choose to dis-enroll from systems after age 18, the BHH and DCS will provide the youth with information on available resources, how to re-engage in services, and complete a crisis plan (kept by the youth) which identifies contact information for available formal and/or natural supports to address potential needs.



AHCCCS Practice Protocol Transition to Adulthood:
https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/tas.pdf
Steward Health Choice Arizona (SHCA):
https://www.stewardhealthchoiceaz.com/wp-content/uploads/mdocs/Chapter_18_BH_Services_SHCA_AdHoc%20Review_3.4.19.pdf
DCS – Independent Living Services & Supports Ch. 5: Sec. 35 –
https://extranet.azdes.gov/DCYFPOLICY/

I. Interagency Training – Identification of Joint Training Needs

RBHA Provider Responsibilities	DCS Responsibilities

1. Joint training needs are discussed and decided on in a collaborative manner. Ideas for trainings are obtained from management staff at both SHCA and DCS and from line staff input during the SHCA/DCS Collaborative Committee Meeting.

2. Training on this Joint Protocol is mandatory for all children's behavioral health and DCS employees within three (3) months of the staff person's hire date, with updates reviewed annually. An overview training is available on Relias Learning for SHCA and BHH staff.

3. SHCA and DCS staff will abide by the AHCCCS Clinical Guidance Documents related to best practice with our mutual populations.

4. Upon AHCCCS revision of this training, SHCA will host and co-facilitate a quarterly training with a DCS representative on "Understanding the Unique Needs of Children and Families involved with DCS" for BHH staff, DCS staff, and other interested child-serving agencies, as space permits. SHCA Provider Manual Chapter 18.19 Training Requirements requires all child-serving staff to be trained within the three (3) months of the staff person's hire date. Fidelity to this

training will be monitored by SHCA as identified and needed. Training available to SHCA Contractors on Relias Training Program.

Want More Information?

The Unique Behavioral Health Service Needs of Children Involved with DCS: https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/UniqueBHSNeedsChildrenYouthFamiliesInvolvedDCS/UniqueBHSNeedsChildrenYouthFamiliesInvolvedDCS.pdf

Understanding the Unique Needs of Children Involved with DCS Training: Register at your Relias Learning website.

J. Issue Resolution

SHCA 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.

RBHA Responsibilities	DCS Responsibilities
1. SHCA will continue to host the SHCA/DCS Collaborative Committee meetings and the Northern Arizona Children's Council (NACC) meetings. Meetings are held quarterly and teleconferencing is available.	1. DCS staff will participate in the SHCA/DCS Collaborative Committee meetings and the Northern Arizona Children's Council (NACC) meetings.

2. System-level issues may also be reported to either the SHCA Children's Services Department or the DCS Behavioral Health Unit for review by the SHCA/DCS Collaborative Committee.

Process Improvement
SHCA and DCS administration have agreed to utilize the local joint meetings between Behavioral Health Homes and DCS as the

primary venue for discussion and resolution of issues to ensure system of care values. The SHCA Children's Services Director, SHCA DCS Liaison and Designated Representatives for the DCS Northern Region will schedule meetings as necessary to discuss system issues.

RBHA Responsibilities	DCS Responsibilities
1. Local BHH and DCS staff will meet at a minimum of once each quarter. Agendas and sign-in sheets for these quarterly meetings will be forwarded to the SHCA DCS Liaison and the local DCS Behavioral Health Clinical Coordinator by a designated chairperson for that meeting. Meetings must address at a minimum, the following: • Joint training needs • What's working – what's not working • Community resources/initiatives	1. At a minimum DCS will send local representatives to each meeting. Program Managers and Behavioral Health Clinical Coordinators are also encouraged to attend.

Information Sharing – Member Privacy

RBHA Responsibilities	DCS Responsibilities

1. Verbal or non-electronic information (information not disclosed *"through an electronic health record")* may be exchanged between SHCA/Behavioral Health Homes and DCS without release of information forms, to the extent allowed under all applicable HIPAA/HITECH rules, including those related to treatment, payment and health care operations, and subject to procedures necessitated by any requirement created by law or regulatory policy, including those related to accounting of disclosures. Disputes relating to provider record access will be resolved at the lowest possible level.

2. SHCA/Providers and DCS will use encrypted email when discussing specific client information.
3. Faxes must be sent only to secured fax machines as required by HIPAA.

4. Information sharing will be in compliance with all HIPAA/HITECH requirements.

5. *Information sharing does not extend to Quality Management records or documents, such as Incident Reports.*

Resources each Contributes to the Care and Support of Members Mutually Served

RBHA Responsibilities	**DCS Responsibilities**
1. All medically necessary covered behavioral health services as outlined in the AHCCCS Covered Behavioral Health Services Guide and approved by the member's Child and Family or Adult Team. These may include: • Treatment Services • Rehabilitation Services • Medical Services • Support Services • Crisis Intervention Services 2. DCS can request copies for any specific form, assessment, note that is part of the client's chart.	1. Services may include but are not limited to: Team Decision making, ILS, Parent Aide, placement resources, transportation, case management, advocacy and coordination for behavioral health services, behavioral health contracts for non-TXIX eligible families (in-home family support), as determined necessary by the Child and Family or Adult Team and in accordance with their DCS case plan. DCS contracted services must be approved in accordance with agency procedure. 2. BHH may have access to client's DCS Safety Plan, Child Safety Risk Assessment and any additional forms that the local DCS agency may deem necessary for coordination and care of child.

4. SHCA and DCS will continue to collaborate on the provision of Home Care Training to the Home Care Client (HCTC) services in northern Arizona. Both agencies will participate in regular SHCA/DCS Collaborative Committee Meetings hosted by SHCA. Both agencies will use as a guide, the Northern Arizona [HCTC] Handbook and any AHCCCS policies relating to HCTC.

Steward Health Choice Arizona/DCS
Collaborative Protocol
2018-2019

Want More Information?

AHCCCS Practice Protocol Children's Out of Home Services:
https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/oohcs.pdf
Northern Arizona HCTC Handbook (revised 2018)
AHCCCS Behavioral Health Covered Services Guide:
https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/covered-bhs-guide.pdf
The SHCA Provider Listing is available on the Provider – Behavioral Health Resources tab on the SHCA website: www.stewardhealthchoiceaz.com

RBHA Name Representative Jennie McMillian MA, LPC CCO HCIC

10/3/18
Date

Department of Child Safety Representative

9-27-18
Date

DCS Comprehensive Medical and Dental Program Representative

9/28/18
Date