SECTION 4: SHARED PARENTING

Foster caregivers are encouraged to cultivate positive, supportive relationships with birth parents. In order for the relationship to be successful, everyone involved must contribute to the effort. It requires good communication, cooperation, respect, careful planning, joint decision making, and an understanding of everyone's roles. There are a number of benefits to creating supportive relationships and sharing information with birth parents. Birth parents can provide information and insights that enable foster caregivers to meet children's needs earlier and in a more effective way. Seeing their birth and foster caregivers working together can change the way children function and enhance child development and well-being.

Creating such a relationship does not happen all at once. Like most relationships, it develops gradually. This may often start with low-level contact between the birth and foster caregivers — for example, through the exchange of email you can discuss the child's week and asking questions that only the birth parent can answer. You can also choose to create a journal to pass back and forth. As everyone grows more comfortable, the relationship between birth and foster caregivers might progress, involving steps such as recording the family reading a book and playing it for the child at bedtime.

In maintaining a child's relationship with the birth parent, foster caregivers may also model appropriate behavior and parenting techniques. Moreover, both birth and foster caregivers have more information about the child while birth parents develop an understanding of the child's needs which can lead into a smoother transition back into the parent's home.

When the child returns home, lines of communication sometimes remain open. These positive connections between the foster caregivers, the child, and the child's family will not have to end, even if the placement does. Foster caregivers may continue to provide support to the child and birth parents and maintain the relationship (See Appendix 2 on Page G).

PARENTING TIME AND FAMILY CONTACT PLAN

DCS will facilitate contact between a child and the child's parents, siblings, family members, relatives and individuals with significant relationships to the child. This preserves and enhances relationships with and attachments to the family of origin. All case plans for children in out-of-home care include a family contact plan. It is developed with involvement of family members and the child, if age appropriate. Frequency, duration, location and structure of contact and visits are determined by the child's need for safety and for family contact with safety being the paramount concern. Visitation takes place in the most natural, family-like setting possible, with as little supervision as possible, while still ensuring the safety of the child.

SUPERVISED VISITS

By definition this is a visit between a child in care and his/her parent/caretaker, sibling, or other relative that is monitored and supported through the physical presence of a third party, a Visitation Facilitator.

Foster Caregivers may be asked to provide transportation to and from supervised visits.

VISITATION FACILITATOR

This is any person designated by the DCS Specialist to monitor a visit between a child in care and the parent/caretaker, sibling or other relative. This may include a parent aide, transportation worker, volunteer, psychologist, therapist, out-of-home care provider, extended family member or other party.

SECTION 5: HEALTH CARE

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA is the federal law dictating the use, release and records maintenance of personal health care information. Foster Caregivers should have access to the medical records of children in their care. An Arizona Statute was enacted to ensure Foster Caregivers receive the health care information, participate in the services and sign for such services for the children. Please see the statue below.

> *ARS §8-514.05, effective April 13, 2003, requires a health care provider, health plan or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, and prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions.*

Health information is not subject to the HIPAA Privacy Rules if it is de-identified in accordance with HIPAA requirements. No authorization is required to use or disclose Protected Health Information (PHI) that is de-identified. PHI is considered de-identified if it does not identify an individual child and there is no reasonable basis to believe it can be used to identify a child.

E-mails to DCS Specialists and Supervisors containing information concerning medical and dental communications, are considered to be de-identified per HIPAA regulations when they do not include:

a. The name of the child;

b. The DCS CHP ID number;

c. The Social Security number;

d. The AHCCCS ID number;

e. Medical record numbers;

f. Photographic images; and

g. The communication does not include any other identifying number, characteristics or code that can be re-identified.

h. Please ensure all emails with identifying information are labeled as [secure] in the subject line of an email

When sending an e-mail to a DCS Specialist, please use the child's initials (first and last name) and do NOT include any of the above items. If the medical or dental information is faxed to anyone the following Confidentiality Statement must be included on the Cover Sheet.

> *INTENDED FOR THE NAMED RECIPIENT ONLY*
>
> *This material is intended for the named recipient(s) only. If you have this and are not the named, intended recipient, please do not read the contents of the e-mail or any attachment. Please inform the sender of the error so re-transmittal to the intended recipient may occur. Please do not copy/share the contents of the transmission. Please delete the e-mail and any attachment. Thank you.*

AUTHORIZATION FOR TREATMENT

Foster Caregivers are authorized to consent to:

- Evaluation and treatment for emergency conditions that are not life-threatening; and,
- Routine medical and dental treatment and procedures including Early PeriodicScreening Diagnosis and Treatment (EPSDT) services, and services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions.

Foster Caregivers are not authorized to consent to:

- General anesthesia
- Blood transfusions
- Pregnancy termination

- Any surgery or medical treatment that is not routine

Foster Caregivers are prohibited from consenting to general anesthesia, any non-routine surgery or medical treatment, blood transfusions, human immunodeficiency virus (HIV) testing, a clinical trial for HIV/AIDS treatment, and pregnancy termination or pregnancy termination related treatments.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the DCS Specialist, as the legal guardian of the child, be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

PHARMACIST SUPPORT

Pharmacists are a great information resource for your children's medications; they have both the availability and expertise. They also have printouts for every prescription, detailing side effects, drug interactions and appropriate usage.

MERCY CARE DCS COMPREHENSIVE HEALTH PLAN (MERCY CARE DCS CHP) PRESCRIBED MEDICATIONS

Choose a CHP registered pharmacy to fill or refill medications prescribed by a CHP provider. With a prescription CHP covers "medically necessary" over-the-counter medications. Use the CHP ID card or the Notice to Provider form to pay for prescription medications. Major food and retail chains participate in the CHP pharmacy management program. For help finding a pharmacy, or for any questions on pharmacy services, call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711). Mercy Care DCS CHP Member Services can help you with the member's prescriptions Monday through Friday from 8 a.m. to 5 p.m. If you have questions or problems outside Mercy Care business hours, you can call the Mercy Care 24-hour Nurse Line at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711).

If the child needs medicine, the child's doctor or dentist will choose one from Mercy Care DCS CHP's list of covered medications (called a formulary) and write a prescription. Mercy Care DCS CHP's list of covered medicines is reviewed and updated regularly by doctors to make sure you receive safe, effective medicines. If you want a copy of the list, call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711) or visit the website at https://www.mercycareaz.org/members/chp-members/pharmacy for the most up-to-date list.

The Pharmacy information is on the Member ID card. If you have problems getting a prescription at the pharmacy, call the Mercy Care DCS CHP Member Services phone number shown on the Member ID card, 602-212-4983 or 1-833-711-0776 (TTY/TDD 711)

The child's PCP may be able to help if the child has depression, anxiety, attention deficit hyperactivity disorder (ADHD), or opioid use concerns. PCPs may give the child medicine, watch how the medicine is working and order different tests to determine the best course of action to address the child's condition. If you would like the child's PCP to help if you feel the child has depression, anxiety, ADHD, or opioid use concerns, you should call the child's PCP directly.

MEDICAL AND DENTAL CARE - MERCY CARE DCS COMPREHENSIVE HEALTH PLAN (MERCY CARE DCS CHP)

The Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) is the single, statewide health plan, responsible for the physical, dental, and behavioral health services for all Arizona's children in out of home care. Mercy Care DCS CHP is a program within DCS. Most children in out of home care are eligible for health care services covered by the Arizona Health Care Cost Containment System (AHCCSS), AHCCCS is Arizona's Medicaid and KidsCare programs, and enrollment to receive food benefits through WIC. Mercy Care DCS CHP provides the same services for all children regardless of AHCCCS eligibility status. Children eligible for DDD are not DCS CHP members.

MERCY CARE DCS CHP MEMBER HANDBOOK

The Mercy Care DCS CHP Member Handbook is for children and their caregivers. You should take time to read this handbook. It will answer many questions you may have. If you have any problems reading or understanding this handbook, you can call Member Services at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711). They can help explain the information to you. The Member Handbook can be found at www.MercyCareAZ.org/members/chp-members.

CHP pays for health care services for Arizona's children in foster care placed in and outside of the state of Arizona. CHP cares for children and youth in out-of-home placement from birth to 18 years, and up to age 21 in rare instances when the member is not Title XIX eligible. Young adults who reach the age of 18 while in care may be eligible for the Young Adult Transitional Insurance (YATI) program. The YATI program is operated by AHCCCS, not CHP. CHP also covers non-Title XIX eligible children in care who are not citizens, have excess income or do not qualify for Title XIX for some other reason. Title XIX is a section of the federal Social Security Act that provides federal funding for the Medicaid program.

CHP IDENTIFICATION (ID) CARD

When a child is enrolled, you will receive a Member Identification (ID) card. The Member ID card is your key to getting health care services for the child. It has the child's ID number, name, and other important information.

The Member ID card should be kept safe. Do not throw the card away. You will need it each time you get medical services for the child. Do not let anyone else use the Member ID card. It's against the law. Selling or letting someone else use the child's card is fraud. Legal action could be taken against you, including loss of eligibility.

The Member ID card is available at no cost to the caregiver. If you do not receive the Member ID card or you need a replacement card, call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711).

CHOOSING A PRIMARY CARE PROVIDER/MEDICAL HOME

Selecting a Primary Care Provider (PCP) and Primary Dental Provider (PDP) is an important first step toward managing the child's health care. The PCP and PDP are the providers the child will visit the most for medical and dental needs, including wellness visits and routine screenings, and non-emergency illnesses like earaches and sore throats. The PCP and PDP are part of the Medical Home and Dental Home that coordinate care for the member.

You can select a PCP and PDP from the Mercy Care DCS CHP Provider Directory. The directory includes languages that the provider speaks and services they provide to those with physical disabilities. You can search the list of providers by location, specialty or name. The directory is available on the Mercy Care DCS CHP website at www.MercyCareAZ.org, or call Member Services at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711), to have a copy of the directory mailed to you at no cost.

INFORMATION TO BE PROVIDED TO THE PRIMARY CARE PROVIDER

All known information should be provided to the health care professional. If specific information is not known, provide the PCP with any or all known information. Call the DCS Specialist to obtain any other medical information including the name of the prior PCP or previous hospitalizations. Ask the Child Safety Case Manager to contact the biological family or last foster care placement to inquire about: the child's previous health care professional, where they are located and a contact number, immunization records, are there now or have there been a medical issues or complications, does the child currently or has the child needed any durable medical equipment for conditions (such as an apnea monitor, nebulizer, etc), what childhood diseases have they had (measles, mumps, chickenpox, etc.), is the child allergic to any medications, foods, household products, etc. Ask about any previous hospitalizations, for what illness or injury and at what hospital; hospital of birth, and when and where the child was last seen by a medical professional.

IMMUNIZATIONS

The State of Arizona has laws requiring school children and childcare enrollees to be age appropriately immunized. A child's parents whose religious beliefs do not allow immunizations must sign a religious exemption. Foster Caregivers cannot request an exemption for a child in care. In addition, the child's doctor must sign a medical exemption form if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child's immunity.

> *A.R.S. §8-509 (I) states that DES shall not require a foster parent to immunize the foster parent's own children as a condition of foster home licensure. DCS policy prohibits the placement of children from birth to age five (5) in licensed foster homes where the foster parents have not immunized their own children.*

DENTAL CARE

Mercy Care DCS CHP members should start dental services by 1 year of age or with the eruption of the first tooth. Regular dental checkups should occur every 6 months following the first visit. The oral health screening at the EPSDT visit does NOT take the place of an exam by a dentist.

Members do not need a referral for dental care and can see any dentist listed in the Mercy Care DCS CHP Provider Directory. A dental assessment is to be arranged within 30 days of placement and the check-up completed with 60 days of placement unless you obtain the results of a dental assessment that occurred within 30 days prior to placement with you.

VISION CARE

Mercy Care DCS CHP covers vision services including regular eye exams, prescription eyeglasses and contact lenses that are medically necessary. Repairs or replacements of broken or lost eyeglasses are also covered. There are no restrictions for replacement eyeglasses when medically necessary for vision correction. You do do not need to wait until the next regularly scheduled vision screening to replace or repair eyeglasses.

TOBACCO CESSATION

Mercy Care DCS CHP covers products and coaching for youth to quit tobacco. Members can get medication from their PCP. The Arizona Smokers Helpline (ASHLine) also offers coaching and resources to help quit tobacco. For more information, call the ASHLine directly at 1-800-556-6222 or visit www.ashline.org.

EMERGENCY AND URGENT CARE

Foster Caregivers need to plan in advance where to go in a medical emergency. This includes knowing which facility accepts Mercy Care DCS CHP and is the appropriate facility for the suspected injury or illness. If you are not sure, call the child's PCP even at night and on weekends. If it is a life-threatening emergency, call 911. You don't need to get prior authorization to call 911.

An Emergency Room – Is to be utilized only in emergency cases, life threatening, directed by a health care professional.

After hours care is also called urgent care. If the child needs care right away but isn't in danger of lasting harm or losing their life, they can go to any urgent care center in the Mercy Care DCS CHP Provider Network.

Go to an urgent care center for things like:

- Flu, bad sore throats, earaches
- Back pain
- Migraine headaches
- Sprains

MEDICALLY NECESSARY INCONTINENCE BRIEFS (PANTS)

Incontinence briefs (pants), including pull-ups and/or incontinence pads, may be paid for by Mercy Care DCS CHP if the child is older than three years of age and has a documented medical condition that is causing them to have problems with bladder and/or bowel control.

Mercy Care DCS CHP uses the following guidelines to determine coverage for incontinence briefs:

- The child must be older than three years of age.
- The child needs the incontinent briefs to prevent skin breakdown and to enable participation in social community, therapeutic, and educational activities under limited circumstances; and
- The health care provider has written a prescription for incontinence briefs. (Total of 240 incontinence briefs per month are allowed without authorization). If more are needed, the health care provider will need to request authorization and provide specific documentation as to why.

If the Department of Child Safety is currently providing a stipend toward the purchase of the incontinent briefs and Mercy Care DCS CHP is going to supply them, the stipend will discontinue. Mercy Care DCS CHP will have the incontinence briefs delivered to the home by a designated supply company.

For questions about incontinence briefs, you can call Mercy Care DCS CHP Member Services at 602-212-4983 or 1-833-711-0776 (TTY/TDD 711).

CHILD SEXUAL DEVELOPMENT EDUCATION AND FAMILY PLANNING

DCS and Foster Caregivers, in collaboration with the child's parents, schools, public health and community agencies are to provide age and developmentally appropriate education and training concerning sexual development and human sexuality to children.

Family planning services and supplies are often incorporated into the EPSDT or well-check visits for age-appropriate children.

Foster Caregivers are to participate in discussions and provision of information on family planning, emphasizing abstinence, with children age 12 and over. DCS supports the promotion of abstinence. Foster Caregivers are encouraged to seek community, public education and health information programs available. Arranging for a Family Planning Consultation with the child's PCP or other health care provider is an excellent option. Foster Caregivers and the DCS Specialist are to review and discuss the Mercy Care DCS CHP written family planning information with the child.

If you, as a Foster Caregiver, oppose the provision of family planning information to a child age 12 or older, you are to inform your licensing specialist/agency and the DCS Specialist before placement of a child 12 years old or older.

- Cenpatico is now Arizona Complete Health
- https://arizonacompletehealth.com
- Medicaid Member Services: 1-888-788-4408
- AZ Crisis Line: 1-866-534-5963
- Provider Customer Service: 1-866-796-0542

BEHAVIORAL HEALTH SERVICES

Children in care get behavioral health services, including services for drug and alcohol use, from Mercy Care DCS CHP. Behavioral health services include, but are not limited to:

- Behavior management (behavioral health personal assistance, family support, home care training, self-help, peer support)
- Behavioral health case management services (limited)
- Behavioral health nursing services
- Behavioral health residential facilities/BHRFs (previously called Therapeutic Group Homes or TGHs)
- Behavior health therapeutic home care services through Therapeutic Foster Care
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual, group, and family therapy and counseling
- Inpatient hospital services
- Non-hospital inpatient psychiatric facilities (Behavioral Health Inpatient Facilities/BHIFs previously called residential treatment centers or RTCs)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment
- Psychosocial rehabilitation (living skills training, health promotion, supportive employment services)
- Psychotropic medication, adjustment and monitoring
- Respite care
- Substance use services
- Behavioral health screening

At any time after the initial evaluation, if the DCS Specialist or the Foster Caregiver believes the child needs to be reevaluated due to a change in circumstances, responses, behaviors or professional opinion, the DCS Specialist can request another behavioral health assessment.

JACOBS LAW – HB2442

In March 2016 a law was passed in Arizona. This law is called HB2442 or Jacob's Law. This law makes it easier for foster, kinship and adoptive parents to get behavioral health services for children.

A few of the positive changes include:

- More services and new programs;
- New ways to enroll in services;
- No Wrong Door policy for children involved with DCS to receive behavioral health services;
- Better communication with foster, kinship, and adoptive families;
- 24/7 Foster Care Hotline for foster and adoptive parents to get help when needed

Jacob's Law Required Timeline(s):

From time of request, appointments must be provided within:

72 Hours → Rapid Response
2 hours for an urgent need

7 Days → Behavioral Health Assessment
24 hours for an urgent need

21 Days → Service Appointment
Work with your provider and member services.
A meaningful service should begin by day 21

INTEGRATED RAPID RESPONSE ASSESSMENT AND ON-GOING BEHAVIORAL HEALTH CARE

Integrated Rapid Response Assessment (IRRA) - Is an initial in-home evaluation completed for children entering into the care of the Department of Child Safety's custody. A referral can be made by any individual, however, the DCS Specialist is responsible for completion of the referral within 24 hours of the removal. If a behavioral health provider has not called you to make an appointment to arrange for an Integrated Rapid Response service within 24 hours after the member enters out-of-home care, call the Solari Foster Care Line at 602-633-0763.

During the IRRA, a clinician will assist in connecting the child to a Primary Care Physician (PCP), Assigned Behavioral Health Clinic or an Integrated Health Home.

The child in your care will receive a behavioral health assessment and physical health screening within 72 hours of removal through the Integrated Rapid Response Process.

An initial assessment will be arranged within seven calendar days after the referral or request for behavior health services (unless completed at the IRRA).

An initial appointment for ongoing services will be arranged within time frames indicated by clinical need of the child, but no later than 21 calendar days after the initial assessment/intake.

After the child becomes connected to an Assigned Behavioral Health Clinic, a "team" is developed to help you identify the child's behavioral health needs and get behavioral health services. We call these clinical teams, more specifically, Child and Family Teams (CFT).

Behavioral Health Assessment - Upon completion of the IRRA, an initial assessment will be arranged within seven calendar days after the referral or request for behavior health services (unless completed at the IRRA).

The DCS Specialist and Foster Caregivers, in conjunction with the Behavioral Health (BH) Provider. The DCS Specialist and Foster Caregivers monitor the appropriateness and timeliness of services provided by the behavioral health provider and advocate for the child's service needs.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the DCS Specialist, as the legal guardian of the child be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

CRISIS SERVICES:

Crisis intervention services are provided to a child/ youth for the purpose of stabilizing or preventing a sudden, unanticipated or potentially dangerous behavioral health condition, episode or behavior. If the Crisis Plan, completed within the Child and Family Team Meeting (CFT) is not effectively meeting the child/ youth's needs, a crisis call may be most appropriate. In order to access crisis intervention services, call the crisis line for your region, to receive a face to face or telephonic assessment of the acuity of the situation.

- Mobile crisis intervention services are available 24 hours a day, 7 days a week;
- Calls must be responded within one (1) hour to a psychiatric crisis in the community and two (2) hours in rural areas;
- If a response is not made within 2 hours, contact your health plans children's liaison (listed on p. 47-48).

THE CHILD AND FAMILY TEAM

This behavioral health facilitated meeting is to address all of the mental health, substance abuse and subsequent related issues affecting the child and his/her family. The child and the child's family should be present at each meeting to address the current issues and how it effects the mental functioning (educational, social, developmental, health, spiritual) of the child and/or family. However, the participation of the child will vary depending on his/her age and level of development. It also allows a forum for all parties to address these issues together in coordination with the DCS Case Plan, the services or supports needed or being provided for the child and family. Foster Caregivers have an important role in the CFT process. Here are some of the responsibilities:

- Participate in the process of assessing needs, developing and implementing the treatment and crisis plan;
- Provide the team information about the child's strengths, needs and accomplishments;
- Advise the team what supports and resources are needed to achieve the outcomes and goals;
- Provide valuable information about your families culture, strengths and needs;
- Communicate any special accommodations needed such as scheduling or transportation;
- Describe the long-range vision for your family and child.

ARIZONA'S CHILD AND ADOLESCENT SERVICE INTENSITY INSTRUMENT (CASII)

The CASII is the tool used by a behavioral health provider to determine the best level of service intensity for a child or adolescent. It is used within the CFT process. The CASII is done during the initial 45 day assessment period; every six months after the first CASII; whenever a CFT needs updated information; when a child/ adolescent leaves the behavioral health system. A crisis plan and the Strengths, Needs, Culture Discovery (SNCD) is required when a child's CASII score is 4, 5 or 6. The CASII also suggests that a behavioral health case manager is needed for children with higher CASII scores. The CASII involves ratings on six different dimensions. These are:

I. Risk of Harm
   This is a measurement of a child's risk of harm to self or others by various means and an assessment of the child's potential for being a victim of physical or sexual abuse, neglect or violence.

II. Functional Status
   This is an assessment of child's ability to function in all age-appropriate roles: family member, friend, student. It is also a measure of the effect of the presenting problem on basic daily activities such as eating, sleeping, and personal hygiene.

III. Co-occurring Conditions
   This is done after clearly identifying the primary/presenting condition to measure the effects/severity of co-existing conditions across four (4) domains:
   1. Developmental Disabilities (including Cognitive Disability, Significant Learning Disabilities, and all Autism Spectrum disorders)
   2. Medical
   3. Substance Abuse
   4. Psychiatric

IV. Recovery Environment
   This dimension is used to arrive at an understanding of the strengths and needs of the child and family. It also measures the neighborhood and community's role in either complicating or

improving the child's needs. It used two scales. Scale A is "Environmental Stressors" and Scale B is "Environmental Supports."

V. Resiliency and/or Response to Treatment
It measures the innate or constitutional emotional strength, as well as a measure of the extent to which past services have been effective for the child and family.

VI. Involvement in Services
This dimension is about the level of involvement of the child and the family. Both child and family benefit when proactively and positively engaged and conversely both benefit less when engagement has not been achieved. It also uses two scales. Scale A is "Child/Adolescent Involvement" and Scale B is "Parental/Familial Involvement."

The CASII has six levels of intensity of need. They are:

- Level 1 - Recovery Maintenance and Health Management
- Level 2 - Outpatient Services
- Level 3 - Intensive Outpatient Services
- Level 4 - Intensive Integrated Services Without Psychiatric 24-Hour Monitoring
- Level 5 - Non-Secure, 24-Hour Services With Psychiatric Monitoring
- Level 6 - Secure, 24-Hour Services With Psychiatric Management

THE ARIZONA VISION OR THE 10 PRINCIPLES

All behavioral health services are delivered according to the following system principles. AHCCCS supports a behavioral health delivery system that includes:

1. Easy access to care,
2. Behavioral health recipient and family member involvement,
3. Collaboration with the Greater Community,
4. Effective Innovation,
5. Expectation for Improvement, and
6. Cultural Competency.

The Arizona Vision states:

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable productive adults.

Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage. The 10 Principles are:

1. Collaboration with the child and family: Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. Functional outcomes: Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. Collaboration with others: When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any caregivers, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Department of Child Safety and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized

service plan, (c) monitors implementation of the plan and (d) makes adjustments in the plan if it is not succeeding.

4. Accessible services: Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices: Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting: Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home- like setting that is appropriate to the child's needs.

7. Timeliness: Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family: The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability: Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family's unique cultural heritage: Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence: Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self- management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports: The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.