



SMOOTH SAILING

Guides for Adoptive and Guardianship Families



A Guide to the Behavioral Health Systems in Arizona



Produced by the
Arizona Children's Association
through ANCOR - Adoption Network:
A Community of Resources

Grant Administrator: Marcie Velen



Revisions and updates provided by the
Arizona Department of Child Safety



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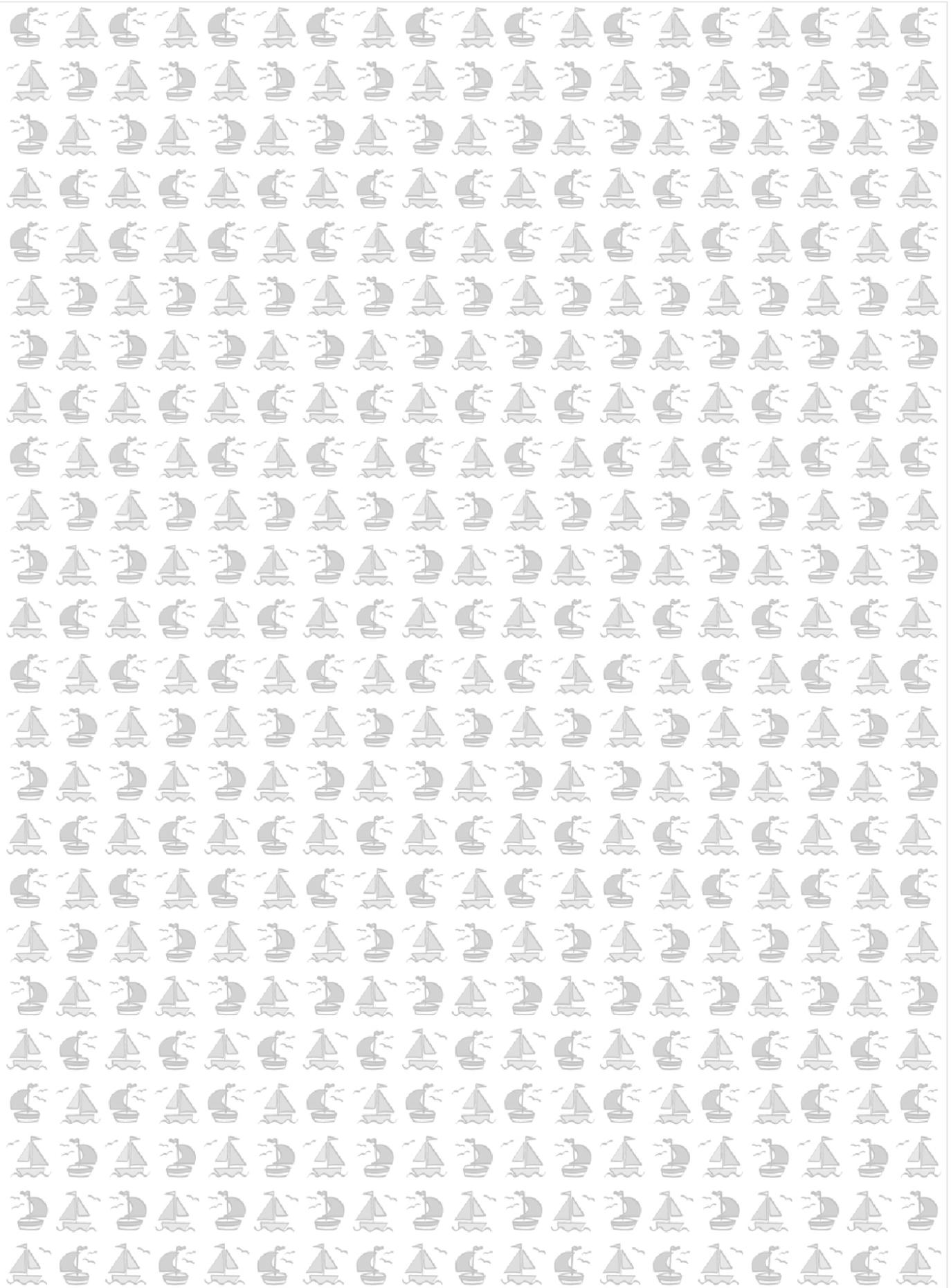
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INTRODUCTION

This guide is for families whose children have lost birth parents through abandonment, neglect, abuse, death, or voluntary placement. Children who have lost their birth parents are at higher than average risk for educational and mental health problems.

Losing a birth parent is a primary loss. This means that at each stage of childhood (and adulthood) children may revisit this loss and grieve for this missing part of their lives. Depending on a child's individual circumstances and history, this process can interfere with learning and emotional well-being. When abuse, neglect, abandonment, and pre-natal exposure to alcohol and drugs compound this loss, normal child development may be disrupted. Support from the school and behavioral health systems may be needed to help these children reach their potential.

This guide will help you to understand how the behavioral health systems work, how they affect you, and how you can utilize these systems to help your child. It also offers suggestions for coping with the extra layers of confusion, distress, and sometimes hurt that comes from being an adoptive or guardianship family. The hope is that by using some of the ideas, steps and suggestions, the whole process will be less stressful and you will feel like a valuable member of your child's team.

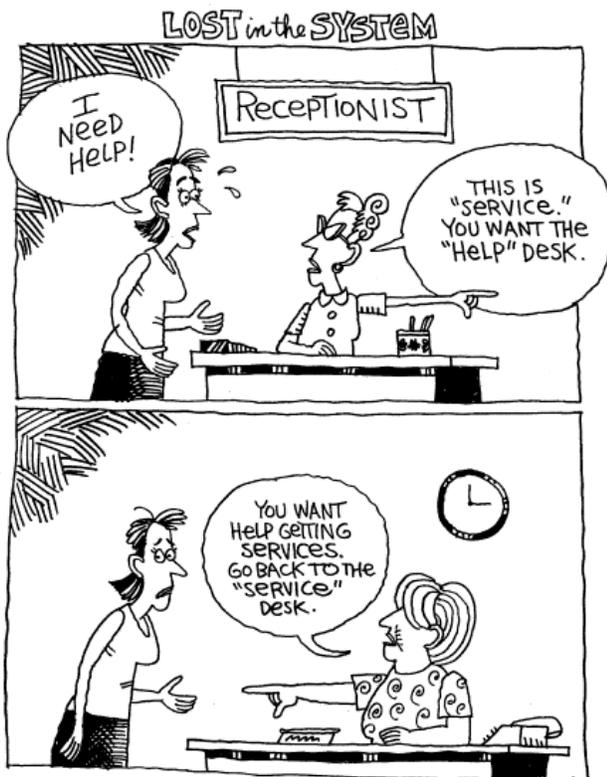
Families with children who have very complex issues report that they have to go to great lengths to get appropriate services. Many families report that it can be time consuming and frustrating to get help when problems arise. Agency rules can be difficult to comprehend when a family is under stress. Some families describe their experiences as intimidating, overwhelming, isolating, confusing and shaming.

The behavioral health and educational systems are organized to provide services for large groups of children. The child who has unique or unusual needs presents a challenge. These systems have to find a way to adapt their services to meet these individual needs. It often takes patience and persistence from families, advocates and behavioral health staff to find the best way to meet the needs of the child.

 **Tip** - Throughout this guide, you'll find useful tips in shaded boxes. Some of these tips come directly from families who have learned from experience how to navigate mental health and educational systems.

 **Tip** - The two most important things to remember in navigating the behavioral health system are:

- **Knowledge is power!**
- **You know your child best.**



Knowledge is power! It will be easier to get services for your child if you become an informed and knowledgeable parent. The voice of the educated parent will be heard. You must learn when to ask for intervention from the next level in the system, not to give up after the first setback, and to give workers the benefit of the doubt. This guide is written to help you learn how to become an informed advocate for your child. It will take some effort to become this advocate, but the rewards will come when your child's needs are met.

UNDERSTANDING THE ROLE OF ADVOCACY

What is advocacy?

Advocacy is the act of speaking or writing on behalf your child's cause. It is a process of planning, gathering, and preparing information to assure that the system serves your child's individual needs.

Do I have the right to make decisions for my child?

YES! As the parent, you have the full legal right, as well as the responsibility, to make decisions for your child. You have the right and responsibility to become informed and educated about these systems and the types of decisions you will be asked to make. Your educated decisions will assure that your child receives the best care possible.

Will the fact that my child is adopted or under guardianship make a difference when I look for help?

Yes, it may make a difference. Unfortunately, not every professional understands the unique issues of adoptive and guardianship families. Some professionals may blame you for your child's behaviors; some may not understand the depth of your commitment to your child. You may feel like you must prove that you are good parents before professionals will listen to your point of view. This guide offers tips, ideas, and strategies from other parents about how to cope with these situations.

What should I do to become the best advocate for my child?

Becoming a good advocate for your child takes time, knowledge, and experience. Here are some suggestions for beginning this process:

- Create relationships with school and behavioral health personnel. Even if you have no problems, begin developing these relationships now.
- Practice communicating in ways that allow others to hear and understand you. Be aware of your tone of voice and body language. People respond to non-verbal communication too. Check with people to be sure that they have heard your point of view.
- Know the laws that govern the behavioral health system.
- Find out the names of the behavioral advocates in your area.
- Become involved in the policy and decision-making process within the system. Arizona's public behavioral health system encourages family members to participate in local, regional and

 **Tip** - When you do not understand something, keep asking questions until you do.

 **Tip** - It is important to not vent your anger at the system on the people who do the work. More can be accomplished by forming partnerships with them. Together, you will have a much better chance to make the system work for you.

 **Tip** - See the behavioral health section to find information on laws.

state level policy development. Family-run organizations such as MIKID and FIC assist parents in advocating for their child's needs and participating in high level decision-making.

Learning to become an advocate for your children takes time. Many families describe having to learn new behaviors such as overcoming a resistance to making phone calls. Key for many parents is learning to believe that the parent role is equal to all of the professional roles you may encounter. It is a hope that you will read this guide before you are in critical need of the information.

 **Tip** - *Keep a log of challenging behaviors to help a doctor or clinician determine the best course of intervention. Identify why the behavior is a problem and how it interferes with your child's daily activities, relationships and ability to function at school and in the community.*

Sometimes parents with special needs children become angry and frustrated with the system. Displaying this anger to system personnel in inappropriate ways can create negative reactions and the problems can escalate.

What information about my child will I need in order to be an effective advocate, and what do I do with this information?

Here are some suggestions:

- Your child's birth certificate, immunization records, developmental history, school records, birth parent history, child's history, and any evaluations from the school, behavioral health system or other sources.
- Adopted children should have a family history or non-identifying information form, which can be helpful.
- If you are the child's guardian or adoptive parent, you will need the court papers showing your legal relationship with your child. (Adoptive parents may need this if they haven't received their child's new birth certificate.)
- Information about your child's personality, strengths, needs and interventions to which he/she responds positively.
- Documentation about your child's problem behaviors.

 **Tip** - *Commit to a date to make copies of all of your child's records. Keep the originals at home in a safe place, and carry copies to all school, medical and behavioral health appointments.*

Create a plan for organizing both the information you have and the information you will gather as you navigate the education system. Here are some useful suggestions from parents:

 **Tip** - *When you do not understand something, keep asking questions until you do.*

- Keep all of the information you have gathered in a binder with dividers.
- Update the folder as you get new information.
- Buy a notebook to track the names of people you contact, and document all interactions including date, time and what happened.

- Keep updated photographs of your child in the folder.
- Take the folder and notebook to all of your appointments and meetings.
- Keep samples of your child's artwork, books read, special abilities, and knowledge. If your child knows the name of every dinosaur ever in existence, but is failing in school, that is important information.

 **Tip** - The **Arizona Center for Disability Law** maintains lists of advocates for the educational systems. Visit their website, www.acdl.org, or call:

Phoenix

800-927-2260

602-274-6278 (TTY)

Tucson

520-327-9547

877-327-7754 (TTY)

- The **Family Involvement Center (FIC)** can provide support, training and services to assist you in advocating for your child. FIC serves families in Maricopa County. Visit www.familyinvolvementcenter.org or call 602-288-0155.
- **Mentally Ill Kids In Distress (MIKID)** can provide information and someone who can be an advocate for you. MIKID serves all of Arizona except for Maricopa County. Visit www.mikid.org, or call the statewide toll free number, 1-800-356-4543.
- Contact community service agencies in your area if your teen is approaching the age of 18, These agencies provide non-licensed behavioral health services such as volunteers, job mentoring, peer support and other services that will help your child prepare for adulthood.
- **Raising Special Kids (www.raisingpecialkids.org)**

Phoenix	Flagstaff
602-242-4366	928-523-4870
1-800-237-3007 (toll free)	info@raisingpecialkids.org
- **Pilot Parents of Southern Arizona (www.pilotparents.org)**

520-324-3150
1-877-365-7220 (toll free)

ppsa@pilotparents.org
- The **Parent Information Network (PIN)**, a service of the Arizona Department of Education, can provide with additional information, resources and templates to assist with advocacy.

1-877-230-PINS (7467) (toll free)

PINS@azed.gov
- The **Arizona Association for Foster and Adoptive Parents (AzAFAP)** provides support and education to foster and adoptive families.

602-488-2374

info@azafap.org

 **Tip** - Some parents have used audio or video to record their child's actions when the behaviors have been difficult to describe, or when no one else sees the behaviors but the parents.

 **Tip** - Some parents develop their own form to use with school personnel that includes time, date, descriptions of incidents, what preceded it, and what came after.

 **Tip** - Never assume that the school will know what your child's needs are or that the school will automatically meet those needs. The school focuses on meeting the needs of many children. Only the parents can be fully focused on meeting the needs of their own child.

- Develop a format to collect specific information about your child's behavior at home and in the community. Record dates, times, duration and circumstances of the behaviors.
- Keep records of what you have done to change difficult behavior. Include what did and did not work.

How do I record and discuss my child's behaviors at home, in school or in the community?

No matter what system you are encountering, it is important to be specific in your descriptions of your child's behaviors.

Too general: "My child has tantrums."

More specific: "Four times a week, for the last month, my child has thrown himself down on the floor, banged his head and screamed for an hour. This usually happens in the morning. I've tried ignoring him, hugging him, putting him in time-out and trying to distract him when I see him getting upset. I think that it is taking him longer to get over it."

Use the same format to record behavior that is reported to you by the school or other caregivers. Get specific *written* information from school personnel. If you are given information verbally, take notes about what the teacher, the principal or others say.

Ask questions, such as:

- When did the behavior occur?
- How often does it happen?
- What was happening before the behavior occurred?

Don't forget to record the name of the person providing the information and the date. Keep this paper in your notebook. It is important to record the names of persons with whom you interact. You may begin to notice that obviously recording names may generate better service and attention.

Talk to Other Parents

The most useful advice in this guide is the message to reach out to others, especially other parents. Go to support groups. Many parents find this extremely difficult to do, but it helps so much.

You are not alone! Other parents can go to meetings with you, share your pain, share your joys, tell you what has worked for them, and give you names of professionals who have been helpful.

NAVIGATING THE BEHAVIORAL HEALTH SYSTEM

Is my child in crisis?

It is a crisis if you fear that there is potential for harm to your child, yourself or to others and you are not able to stop it. It is important that you do not wait or worry about overreacting. To help you make a decision, ask yourself “Would I consider this a crisis if my neighbor’s child was doing this behavior?”

Here are some behaviors that may indicate a crisis:

- Threats of harming themselves or others, homicide or suicide.
- Suicidal gestures (for example, showing you cuts she has made on her arm).
- Knowledge of or a concern that your child has taken drugs, alcohol, or another substance and is drowsy, incoherent, or out of control.
- Uncontrolled destructive behavior that you cannot calm, such as smashing, weeping, and raging.

What should I do if my child is in crisis?

- Consult the crisis plan that was developed by your behavioral health professional.
- Call your local RBHA behavioral health crisis line if you feel that there is potential for serious harm and you want assistance or advice on how to stabilize the situation. RBHA crisis services include telephonic as well as mobile crisis teams. You can also call the crisis line listed in the front pages of the phone book, your insurance provider’s behavioral health line or any other crisis line that may be available.
- Call 911 if you feel there is a potential for immediate harm to yourself or others and you are unable to calm or stop the behavior. This includes domestic violence and serious destruction of property.

My child is not in crisis but I have concerns. Does my child need behavioral health services?

Some indicators that could signal a need for help include, but are not limited to:

- School personnel have suggested your child needs help.
- Ongoing aggression (fighting, hitting, biting).

 **Tip** - *Never assume that the school will know what your child's needs are or that the school will automatically meet those needs. The school focuses on meeting the needs of many children. Only the parents can be fully focused on meeting the needs of their own child.*



Tip - *Two good resources to understand learning disabilities are the book, Faking it – A Look into the Mind of a Creative Learner by Christopher Lee and Rosemary Jackson, and the video, How Difficult Can This Be? The F.A.T. City Workshop. This video helps you feel what it's like to have a disability.*

Tip - *Ask questions until you understand.*

- *Get and give concrete examples so you and the teacher will know what needs to change. Don't accept, "He misbehaves in class." You want, "He threw a pencil across the classroom and it hit another student."*
- *Continue to seek someone higher up in the system until the problem is resolved.*

- Withdrawal from you, activities, or friends.
- Problems making and/or keeping friends.
- Deliberately hurting people or animals.
- Problems with sleep, including getting to sleep, staying asleep, or difficulty with waking up in the morning, and nightmares.
- Sadness and/or irritability occurring daily over a period of 2 weeks or more.
- Running away, especially repeatedly.
- Struggles with concentration and staying on task.
- Lengthy tantrums.
- Persistent negative talk: "I'm bad," "I can't do it," "I hate you," "I hate me," or "I hate them".
- Changes in eating habits, sleeping habits or mood
- Lying/stealing to the point that you no longer trust your child.
- Real struggles to comply with rules at home or school.
- Sexual preoccupation or behavior that concerns you.
- A very high or very low activity level, especially if it is a change in behavior.
- Trouble playing alone, needing constant attention and redirection —the older the child, the greater the significance.
- Age-inappropriate bedwetting, stool smearing, urinating in odd places.
- Criminal behavior.
- Child does not seem to be able to have normal fun.
- Siblings are distressed.
- You spend a lot of time worrying about how this child will affect family activities and are constantly trying to make it better.
- Increasing self-doubt about your parenting skills.
- Your parenting partner blames you for your child's problems.
- Your child's behaviors are triggering uncharacteristic behaviors in you such as yelling, a desire to hurt your child, withdrawing from your child, or hitting your child.
- Your child's behavior differs dramatically at home, at school, or in the community.

What else should I do to prepare if I think my child needs behavioral health services?

Make an appointment with your child's pediatrician and ask the following questions:

- Are there physical causes for my child's problems?
- What diagnostic tests would be beneficial?
- Are there resources to help with my child's problem?
- Are there other specialists my child should see (For example, psychiatrists, therapists, counselors)
- Will I need a referral to see a specialist?

Determine what resources you have available to pay for behavioral health services. Some of the available options are:

Private insurance

Most medical insurance plans pay for behavioral health services, but have limits. Contact your employer's human resource department or the insurance company to identify the specific services your health plan provides. Ask the following:

- What are my mental health and substance abuse benefits and limits (yearly and lifetime)?
- What is my out-of-pocket maximum for both mental health and substance abuse? (These may differ.)
- What is my co-payment?
- Do I need prior authorization?
- Who provides the services?

Community Behavioral Health

Services are provided by the Regional Behavioral Health Authority, (RBHA, pronounced 'reba'). Ask the RBHA customer service representative the following:

- Is my child eligible? If not, how do I apply for eligibility?
- Who provides the services?
- Where services are provided?
- Are there providers in my area that specialize in my child's specific issues (e.g. ADHD, sexual abuse, eating disorders)?

 **Tip** - An evaluation by the child's pediatrician is important. You need to rule out physical or organic causes.

- Explain your child's history and circumstances to the doctor. Take your child's folder with you. As an adoptive or guardian parent, you may not have all of your child's history or other information that the doctor or staff might request. Keep in mind that not having the history is a fact and not your fault.
- Consider a second opinion if you are not satisfied with your pediatrician's recommendations or diagnosis.

 **Tip** - Most pediatricians will only prescribe commonly used medications for conditions like ADHD, anxiety or mild depression. They tend to not prescribe psychotropic medications.

RHBAs serve specific areas. To contact the RBHA in your area:

Tip - If you have KidsCare for your child, contact your RBHA.

Tip - When a child or adult is enrolled in an AHCCCS acute health care plan (such as when they are adopted and qualified for adoption subsidy), they are automatically enrolled with a local RBHA.

Tip - If you already have identified a provider you would like to use, ask your insurance company or the RBHA if that provider is eligible under their system.

Counties Served	Agency*
Pima	Community Partnership of Southern Arizona (CPSA) 1-800-771-9889
Maricopa	Mercy Maricopa Integrated Care 1-800-564-5465
Cochise, Graham, Greenlee, Gila, La Paz, Pinal, Santa Cruz and Yuma	Cenpatico 1-866-495-6738
Apache, Coconino, Mohave, Navajo, and Yavapai	Northern Arizona Regional Behavioral Health Agency (NARBHA) 1-800-640-2123
*If any of these numbers are out of service, contact the ADHS Division of Behavioral Health Services at 602-364-4558 or 1-800-867-5808 for updated numbers.	

Adoption Subsidy

If you receive an adoption subsidy from the State of Arizona, you will be eligible for community behavioral health and referred to the local RBHA.

If you receive an adoption subsidy from another state, contact the Interstate Compact on Adoption and Medical Assistance (ICAMA) administrator and ask if your child is eligible for Medicaid services in Arizona. The Arizona ICAMA administrator is Karen Reynolds and she can be reached at 602-771-3624.

If your child is Medicaid eligible, he or she will be eligible for Arizona community behavioral health services and you will be referred to your local RBHA.

Self-Pay

If you are planning to pay for services yourself and do not have a provider, ask for recommendations from others. Referral sources include the pediatrician, other parents whose children have similar problems and adoption and foster care agencies in your area.

When you contact the provider, ask the following questions:

- What services do you provide?
- What are your credentials?

- Do you have specialized training in meeting the needs of children in foster care?
- What do you charge?
- Do you have a sliding fee scale?
- Are there any special grant funding available for any services? (for example, SAPT funding for substance abuse) ?
- How soon can my child be seen?

Does having private insurance exclude me from using community behavioral health services?

No. However, the benefits available to you and the payment of those benefits will depend on many factors such as your private insurance coverage and your child's eligibility and needs.

These choices may be available to you, based on the availability of resources:

- If your child is covered by the Arizona Health Care Cost Containment System (AHCCCS, pronounced 'access'), you contact the local RHBA.
- If you have private insurance, you may choose to use it exclusively.
- If your child has no health insurance coverage, contact the RBHA. The RBHA can help you apply for AHCCCS if your child is eligible.
- If you have private insurance and you do not think it will cover the services your child needs, contact the RBHA. You will be required to use your private insurance first for the services it covers. The RBHA representative must help you coordinate benefits.
- You always have the option to personally pay for services you choose. In this case, your expenditures may become an income tax deduction. Save your receipts.

 **Tip** - Many families use a combination of private insurance, community behavioral health services, and self-pay in order to meet their child's needs.

I have decided my child needs behavioral health services and know who to contact. What happens next?

You begin with an intake appointment. Whether you call an insurance company, the RBHA or a private provider, there will be a process to begin services. The first actual appointment usually consists of two parts: the first to determine financial information and responsibility and sign parental consents, and the second to make an evaluation and assessment of the problems.

 **Tip** - Be prepared to discuss your child's behavioral problems with the same format that you used when you discussed the problems with the child's pediatrician. Have your notebook and folder with you for any phone calls and the first appointment.

 **Tip** - You should get a call within a week of your intake appointment to schedule your first service appointment. If the intake worker determines that your child's needs are urgent, it may be sooner. If you do not get a response within a week, call the intake department to be certain your case is moving forward.

Private Insurance – Each insurance company will have a different method for providing services. More than likely, one or more of the following steps will be taken:

- You will be given a list of providers from which you may choose.
- If you are sent to an agency, you may have an intake appointment at the clinic before you meet your actual provider.
- You will be given a name and number to call to discuss behavioral health services. This person will ask questions and determine what specific type of provider you need and who you can call.
- Although it does not happen frequently, due to privacy issues your insurer may require a referral from your primary care physician before you can go through the intake process.
- In most circumstances, your intake appointment will be with a licensed Master's level counselor or therapist who will make the initial diagnosis. A diagnosis may be required in order for your child to get services.
- If you need the services of a psychiatrist in addition to a therapist, your provider and the insurance company will facilitate this service.
- The timeliness of your first appointment will depend on your provider's schedule and the information you give about your situation. How soon you get to see a provider may vary from immediately to a month or more. Many providers who accept contracts from insurance companies have guidelines about how soon they see clients.

RBHA – The RBHA intake process will be similar for everyone, with minor differences between regions. Here is what you can expect:

- An intake appointment should be provided **within seven (7) days** of referral or request for behavioral health services. This appointment will take place at an agency affiliated with the RBHA.
- An intake appointment may screen you and your child for financial eligibility, and determines an initial diagnosis and service plan for your child. Determining financial eligibility can take some time and the first appointment is often scheduled up to two hours.
- You must accompany your child to the intake appointment. You will be asked to sign a consent form before any services can begin for your child.

- You will be asked to bring information with you to help determine your child's eligibility for services. This is important. The information requested may include:
 - AHCCCS card or AHCCCS award letter.
 - Proof of residency (driver's license, voter registration, school registration for child).
 - Proof of guardianship (court document).
 - Proof of income.
 - Public assistance award letters, if your child receives SSI or you receive TANF for your child.
 - Health insurance information.
 - Proof of exceptional expenses (e.g. medical) or other income.
 - Proof of citizenship or permanent residence.
- If you prefer a specific therapist or psychiatrist, or believe that your child needs a specialty provider, (e. g. sexual abuse, adoption-kinship) make the request at this appointment.
- Intake workers are specialists in determining eligibility for services and in developing the initial diagnosis and treatment plan. They will refer you to the therapist or services that best meets your child's needs. The first service should occur no later than twenty-three (23) days of the intake appointment. You can contact the intake department if you need help or want to ask questions and you have not yet been assigned to a therapist.

Self-pay – Each provider will have different circumstances, availability, intake processes, and fees.

- Tell providers that you will be solely responsible for payment.
- Ask the provider if they have a free or low-cost initial session.
- Your description of your child's behavior and your collected information will be important to a private provider.

What is a diagnosis?

A *diagnosis* is a name given to the description of symptoms that you have reported to the provider and/or the provider has observed. A diagnosis organizes symptoms and may provide a direction for treatment. However, a diagnosis should not dictate the direction for treatment as services should address the symptoms. A diagnosis is also important for medical record keeping and statistics.

Diagnosis of your child is a process of discovery that occurs over time. A diagnosis may change when new information is identified, or when treatment and medication either help or hinder your child's

 **Tip** - Meet with the provider before he/she meets with your child to determine if you will be comfortable with him/her, and to see if the provider meets your child's needs.

 **Tip** - Look for support groups for parents with your child's diagnosis or support groups for families created through adoption, guardianship, or grandparents raising grandchildren.

Tip - Do not become overly focused on a diagnosis; it is more important to treat the symptoms. A diagnosis is sometimes necessary to qualify for certain services, but caution should be used to avoid labeling or stereotyping a youth based on a diagnosis.

Tip - There are many websites with information on different diagnoses. Some sources of information and support are:

- **National Alliance for the Mentally Ill (NAMI)**
www.nami.org
1-800-950-NAMI (6864)
200 N. Grove Rd., Suite 1015
Arlington, VA 22203-3754
- **MIKID - Mentally Ill Kids In Distress**
www.mikid.org
1-800-356-4543
- **Family Involvement Center (FIC)**
www.familyinvolvementcenter.org (one word)
602-288-0155

progress. Diagnosing a behavioral health problem can be more difficult than diagnosing the flu, a broken leg or cancer. Many symptoms appear on more than one diagnostic list.

You might hear terms like *working diagnosis*, *initial diagnosis*, *tentative diagnosis* or *provisional diagnosis*. All of these terms are interchangeable but typically refer to the same thing. At the initial assessment a professional will provide a provisional diagnosis. It may be an estimate because more information is needed. All of these terms reflect the process of understanding your child's problems over time.

Mental health diagnoses are named and numbered in accordance with the Diagnosis and Statistical Manual (DSM V). This manual is used by mental health providers, but is also available to the public through the public library or in book stores.

Sometimes you use the term behavioral health and sometimes you use mental health. What is the difference?

Both terms are used interchangeably. In Arizona, the mental health system and the substance abuse system are combined into the behavioral health system.

Who provides mental/behavioral health services?

In Arizona, behavioral health providers must be licensed and/or certified to provide services in the public behavioral health system. The RBHAs utilize professionals independently licensed through a professional board, private agencies and Community Service Agencies (CSAs) to provide services. Some of the types of behavioral health providers are:

Psychiatrists with a medical license (M.D. or D.O.) and additional training in diagnosing and treating mental disorders. A psychiatrist can prescribe medication for these disorders. Your children will most likely see a psychiatrist only if there is a need for medication or to determine serious mental disorders.

Psychologists usually have a doctoral degree in psychology, education or philosophy (Psy.D., Ed.D., or Ph.D.) and other specialized training. Some psychologists have a Master of Arts (M.A.) degree. A psychologist can diagnose and treat mental disorders and often specializes in diagnostic testing.

Advanced Practice Nurses, also called a Nurse Practitioners (NP) or Clinical Nurse Specialists (CNS), are allowed to practice psychotherapy with specialized training in mental health and psychiatry. They can also dispense medicine.

School psychologists may or may not have a doctoral degree. They specialize in educational issues.

Some types of counselors and therapists are eligible for licensure as **Behavioral Health Professionals** (BHPs). Most of the therapy and counseling that your child receives will be provided by someone in these categories. Licensed therapists can be identified by the letter L before their degree or professional title (for example, Licensed Master Social Worker – LMSW; Licensed Professional Counselor - LPC).

Behavioral health professionals must be credentialed by the RBHA to provide services. BHPs may be employed by a licensed agency or may be contracted and bill for services independently.

Behavioral Health Technicians (BHTs) and **Behavioral Health Paraprofessionals** (BHPPs) must be qualified to provide behavioral health services. They provide services under direct supervision within a licensed or certified agency.

In some situations your provider may be a student intern. This is how they get experience to earn their degrees. A professional will supervise them.

Other categories of providers:

The **Child and Family Team (CFT) facilitator** is typically the behavioral health service provider. Persons other than the service provider (family members, Child Safety Specialists and other natural supports) may also be trained to lead the CFT meeting. Responsibilities include, but are not limited to:

- Leading team meetings and moderating discussions to facilitate consensus in the development of service plan goals and interventions.
- Ensuring all CFT members receive documentation of CFT meeting activities, discussions and task assignments.
- Developing a meeting agenda with the child, family, and other CFT members.
- Identifying family support, peer support or other system and community resources

Behavior Management Specialists/Coaches usually have a bachelor's degree, and education and experience in helping plan ways to improve children's behaviors, especially in the home.

 **Tip** - *It is important to ask about your provider's education and background.*

- *The Arizona Board of Behavioral Health Examiners establishes and maintains standards of qualifications and performance for licensed professionals in counseling, marriage and family therapy, substance abuse counseling and social work, and regulates the practice of these professionals.*
- *The board also provides an annual report of adverse actions on licensed professionals. The report can be accessed at www.azbbhe.us/*

Case Managers (bachelor's or master's degree) are responsible for coordinating services. This is helpful if you need psychiatric services, counseling/therapy and behavior management, and other special services such as group or day treatment.

Parent-delivered support or service is emotional and informational support provided by a parent or caregiver who has similar personal life expertise and has navigated at least two child serving systems.

Peer worker refers to an individual who is, or has been a recipient of behavioral services and who currently provides behavioral health services to individuals enrolled in the public behavioral health system.

 **Tip** - Explore the full range of services provided by your RBHA. If you live in a larger city, more than one agency or network may provide different services.

Direct support staff members provide behavioral health rehabilitation and/or support services to eligible and enrolled persons.

What types of behavioral health services are available to my child?

Arizona's public behavioral health system offers a variety of services and supports through your local RBHA. The Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS) produces the *Covered Behavioral Services Guide*, which details services that must be offered by your local RBHA to persons who are eligible for AHCCCS (Arizona's Medicaid program). These services are outlined as follows:

- Treatment Services (counseling, therapy, assessment and evaluation services)
- Rehabilitation Services (Living skills, cognitive rehabilitation, medication training, health promotion and others)
- Medical Services (medication, lab work, medical management)
- Support Services (case management, peer services, respite, supported housing, interpretive services, transportation, HCTC, and personal care services)
- Crisis Intervention Services (mobile, stabilization, telephonic)
- Inpatient and Residential Services (hospitalization, residential treatment centers, group homes)
- Behavioral Health Day Programs
- Prevention Services

These services are designed to provide families with community based services in order to keep children in their homes. These services are to be combined with formal and informal supports the

family identifies. These supports may include scouts organizations, sports programs, faith-based organizations, boys and girls club, child care, neighbors providing structured activities, summer camps, etc. By wrapping a child with the formal services, supports and child-serving agency services, it is intended to ensure that children can remain safely in the home rather than being placed outside the home.

Some children may not meet medical necessity to be placed in inpatient or residential placement. When disagreement over whether the wraparound services are sufficient to keep a child safely in the home cannot be resolved within the CFT practice, complaint resolution and appeals processes may be necessary. These processes are described later in this guide.

Private insurance companies may offer a limited array of services. Check with the company to verify all services provided through your benefits plan. Typically, many insurance plans include short-term inpatient and limited outpatient services. This may include substance abuse treatment which is often considered a separate benefit from the mental health services. It is important you verify the limits imposed and requirements established by the insurance provider prior to accessing these services.

If you choose to self-pay, all of these services may be available to you and your child. Which services you use will be determined by the agreement you develop with the provider.

What is wraparound?

Wraparound is a philosophy of care with a defined planning process used to build relationships and support networks among youth with emotional or behavioral challenges and their families. It is community based, culturally relevant, individualized, strength based, and family centered.

Wraparound plans encompass many aspects of the child's life, including living environment, basic needs, safety; and social, emotional, educational, spiritual and cultural needs. Wraparound is unconditional. If interventions are not achieving the desired outcomes the team reviews the configuration of supports, services, and interventions. Rather than forcing a child to fit into existing programs or services, wraparound is based on the belief that services and supports should be flexibly arranged to meet the unique needs of the child and their families.

What is medical necessity and how does it affect my child?

Medical necessity is the determination that a specific health care service is medically appropriate and necessary to meet the person's

needs, consistent with the person's diagnosis and clinical standards of care, and is the most cost effective option. This applies to behavioral health services as it does to medical health services.

Tip - If you find there aren't any therapists at your agency with the specialized knowledge of your child's needs, request through the CFT process that the agency seek a therapist elsewhere in the RBHA network. If there are none available in the RBHA network you can ask for a Single Case Agreement with a therapist outside the RBHA network.

Tip - You have a right to talk to or meet your child's therapist and discuss your child's needs. This is an important step. If you aren't able to arrange to talk to or meet the therapist before the first session, go to the first session with your child. Insist on this.

For treatment to be initiated and continued, there must be a reasonable expectation for improvement, that treatment will be effective and/or that it will prevent disease, disability, and other adverse health conditions or their progression. For services to be medically necessary, they must be aimed to achieve 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.

The level of care is determined by the child's level of functioning and must be provided in the least restrictive setting in the continuum of care. Examples of services in the continuum of care are outpatient therapy, direct supports, therapeutic respite, in-home services and residential treatment.

How do I explore the knowledge and experience of my child's assigned or chosen therapist?

Here are questions to ask the therapist:

- What is your experience with my child's symptoms and/or diagnosis?
- What is your experience and knowledge of children who have lost birth parents?
- What is your understanding of the grief and loss issues for these children?
- In your treatment process, do you work with the child's history?
- What books have you read or trainings have you attended on adoption, guardianship and kinship placements?
- What do you do when a client comes to you with a problem you know little about?
- Are you trained or certified in any evidence-based practices? If so, what type and what conditions does it address?

You may have to educate some healthcare providers about the therapeutic and emotional differences between biological children and adopted, kinship and guardianship children. If your provider is willing to learn, that's a good sign. All children who have lost birth parents due to difficult circumstances need therapists and

counselors who understand these issues. The provider needs to sort out what issues are related to birth parent losses and living in new families and what issues reflect other problems. Parents must be patient in educating providers. Many providers have not had a compelling need to learn about adoptive and guardianship issues. Arrange to meet with the therapist before your child's first session, and share any resources you have with your child's service providers.

How will I know the provider is a good match for my child?

After the first session with the provider, ask yourself the following questions. Your answers will help you determine if you believe that this is a good match.

- Did I feel safe and respected?
- Did I feel blamed by the provider for my child's behavior?
- Was the provider interested in my child's history?
- Was the provider interested in how this history may be affecting my child's life?
- Was the provider willing to learn about my family's unique structure, values and culture?
- Was my child comfortable with the therapist?
- Was my child less fearful as the session went on?

THINGS TO CONSIDER

- Issues of trust, missed developmental stages during infancy, unmourned losses, traumas, and prenatal conditions do not always show up in a formal diagnosis. This is why it is preferred to have a provider sensitive to adoption and guardianship, who already knows the complications of these children's lives. **It is important to find a professional who is both hopeful for your child and wants to help make your home increasingly safe, warm, and comfortable for all of you.**
- You may have to consider making changes in your thinking and parenting style in order to help your child. This is not because you have been doing anything wrong. Sometimes traditional parenting skills are not effective with children who missed early parenting (even in the womb). Some behaviors, symptoms, and diagnoses require special handling of children.
- If you brought a child with significant issues into your home, you may be reacting to that child with behaviors you did not even know you had. It is important that your child's therapist understand this without shaming or blaming you. It might be important for you to have a therapist who can help you do your own grieving for yourself and your child. Some parents choose to see their own therapists to help work out these issues.

 **Tip** - *Even though providers keep records, often you will need to be the primary record keeper and sometimes a go-between for the psychiatrist, pediatrician, school personnel, therapist, and other service providers.*

 **Tip** - *Parents will need to facilitate communication.*

- *Ask for the diagnosis.*
- *Ask for any written reports.*
- *Ask if there is a need for further testing.*
- *Ask for copies of any test results.*
- *Keep this information in your folder.*
- *Prompt the team to set timelines and to review if actions were completed at each CFT.*

 **Tip** - *A parent can request a CFT at any time to review or amend the treatment plan or to ensure sharing of information.*

If I am going to be seeing more than one provider, how will they keep in touch with each other and share information?

If you are part of the RBHA's behavioral health system, you will likely develop a Child and Family Team (CFT) with the assistance of the therapists or case manager. A CFT is a group of people that is chosen by you and your family. The role of the CFT is to help a family to talk about, and then develop or locate the services and supports needed to help the child and family reach their goals. All families are unique; each CFT experience is different from another.

The CFT facilitator is responsible for communicating the results to identified providers, psychiatrists and others deemed necessary by the team. It is important that you discuss confidentiality with your providers. You may decide to include many or all of your child's providers on the CFT to facilitate communication and information sharing. You may include people who are of support to your family such as relatives.

The CFT may consist of only the child, a parent and the identified behavioral health service provider, or may involve additional participants if the child and family are involved with other systems, have complex needs, an extensive natural support system or multiple support providers. The frequency of CFT meetings, location and nature of meetings, intensity of activity between the meetings, and the level of involvement by formal and informal supports may vary.

- If you have more than one provider with an insurance company, you may have to encourage the providers to connect with each other if you think it is necessary. Never assume that the psychiatrist and provider are talking to each other. Your insurance company will be monitoring your contacts with providers and your diagnoses to be certain that your treatment falls within their approved guidelines. The insurance company does not usually facilitate provider communication.
- If you are paying for your own services, it will be up to you to see that information is shared if you want it to be shared. You will need to sign release forms.
- If you have combined services from more than one system, people may not meet. Private and insurance company providers are not usually paid for any time, except for treating your child.

How soon after treatment begins should I expect change in my child's behavior?

This is a difficult question to answer specifically and a good question to discuss with your provider. Each child's situation is

unique. Change will depend on the root and complexity of your child's diagnosis or diagnoses.

- Some behaviors get better with therapy.
- Some behaviors get better with medication.
- Some behaviors get better with a combination of therapy and medication.
- Some behaviors improve but do not go away.

Parents must balance realistic expectations about their child's recovery with the hope and desire that the child reaches his or her full potential. Due to growing knowledge about pre-natal conditions for some children, we understand that healing needs to occur from the moment of birth.

- If your child is taking medication, change in behavior will occur as soon as the effects of the medication are in your child's system. Some medicines like anti-depressants can take several weeks to be fully effective. Other medicine can produce immediate changes in behavior. Some medications require laboratory testing to determine when they are at a therapeutic level. Discuss these issues with the psychiatrist so that you and your child know what to expect.
- It can take several sessions before your child trusts the provider enough to work on making changes.
- Some behaviors such as severe tantrums, ongoing lying and stealing, or significant defiance will require the family to learn how to manage these behaviors before lasting change can occur. These behaviors may originate in infant/early childhood neglect and trauma, and can be deeply ingrained. Once behaviors are contained and there is an improved sense of safety at home, then healing can begin. This may require a long-term effort.
- Some behaviors get worse before they get better. There are many reasons for this effect. Some children try to hide difficult behaviors and no longer need to do this after a period of time. Others may be using the behaviors to push new parents away. Some children have not been shown or taught appropriate behaviors or social and coping skills. Demanding different behavioral expectations may be stressful since it is foreign to them. Some children need their difficult behaviors to feel normal, and can fear and resent this safety net being taken from them. It hurts to look at and talk about painful events, and this can increase behavioral problems. Some medications may cause more undesired behaviors. Stay in close contact with the prescribing doctor when trying new medications.

 **Tip** - Therapists are authorized for a certain number of sessions. They usually can request more sessions from the insurance company but need to do this before your child is seen for these additional sessions. Keep on top of this. You may have to pay for sessions the insurance company does not pre-approve.

 **Tip** - When the psychiatrist clearly describes the change in symptoms expected, it will be easier to tell if the medicine is having an effect. Keep asking questions until you understand this. You are the most important observer of your child's behavior.

 **Tip** - Gather reports and information from daycare workers, teachers, coaches, babysitters and others who observe your child for extended periods. Request a "medication evaluation tool" from the psychiatrist or therapist that can be completed by your child's caregivers to better assess the effectiveness of a medication.

How will I know if my child's treatment is going well?

A good indicator for judging how your child's therapy is going is improvement in the parents' sense of well-being. This can occur when parents feel that their child is understood, when the parents and the therapist have similar experiences with the child, when parents have new ideas about how to manage behaviors at home, when parents feel that they are part of a team with the therapist and other providers. This occurs when the parent feels engaged, heard and the team seeks information from them, and when parents feel supported and understood by the therapist.

 **Tip** - *A recommended book for parents is Straight Talk About Psychiatric Medications for Kids, by Timothy E. Wilens, M.D.*

Of course, changes in a child's behavior are the best signs. If your child has complex diagnoses, changes in behavior may not be immediately apparent. You may not know for a while what can and cannot change.

 **Tip** - *Always ask the doctor and pharmacist about food interactions, medical complications and precautions that should be taken. For example, lithium can cause dehydration. Parents and other care-givers of your child need to be aware.*

Success in treatment may also be influenced by the effects of medication. It is not uncommon for the benefits of medication to take a period of time before becoming evident. Changes in medication may also be necessary before the most effective type and dosage are identified. Your observations, as well as those of teachers, daycare workers, babysitters and other care givers are crucial to knowing if the medication is working.

If your child has a serious adverse reaction to a medication or if you are worried about any side effects your child has, call the doctor immediately. If you are part of a RHBA, use their crisis line number. If symptoms seem life threatening, call 911 or go to an emergency room. You can also contact your pharmacist for information about the medication, its side effects and any precautions that should be taken.

 **Tip** - *A useful tool that can assist with addressing particularly problematic behaviors is a Functional Behavioral Assessment (FBA). This tool identifies significant and child-specific social, affective, cognitive, and/or environmental factors associated with the occurrence or non-occurrence of specific behaviors.*

When do I need to consider asking for changes in my child's treatment?

Here is a list of situations that may signal a need for change in treatment:

- Very destructive and difficult behavior continues or increases.
- Nothing seems to be working and family stress is increasing.
- School problems are not improving or increasing.
- New symptoms appear.
- Your anger and frustration increases.
- You begin to be angry at the system and feel hopeless about your child being helped.

- You begin to feel blamed for your child's problems and are not being heard when you try to describe what continues to go wrong.

Many problems will resolve themselves within a few months. This does not necessarily mean that problems end, but that you and your child have learned how to minimize the effect of the problems in daily life. For example, if your child is diagnosed with ADHD, the ADHD is not going to go away. Counseling can help you learn new skills and identify ongoing resources to help you cope with your child's difficult behaviors. Counseling can help your child learn new ways to manage behaviors, and express anger and sadness about having a potentially lifelong problem. Medication can sometimes make it easier for your child to cope, especially in school.

How do I ask for changes in my child's treatment?

The first step is to raise the issue to the Child and Family Team. Your child's CFT is responsible for regularly reviewing your child's response to services and supports. The CFT is expected to track your child's progress and adapt services to meet your child's needs. If your child is not making progress toward the goals established in the service plan, the CFT should work toward amending the services and supports. However, it is important to maintain some perspective and allow services time to become effective.

If you do not have a CFT, talk to the provider that your child sees most often. That may be the therapist, psychiatrist or case manager. Be prepared to discuss your concern. Remember to document your child's behaviors, especially those that the provider may not observe. It is crucial to have good examples of the problems. The goal with your child's provider is to define what the problem might be and how to get the help you and your child need.

Some of the questions you may discuss with your provider:

- Is the medication working?
- Is this the best treatment for my child's diagnosis?
- Is there a different treatment?
- Has my child been diagnosed correctly?
- Do I need services in addition to the ones my child is already receiving? At home? At school?
- Is a more restrictive or intensive treatment needed?

Mental health providers are mandated to provide services in the least restrictive setting. Working with children in the family home is the most desirable and usually has the most success.

 **Tip** - If you think you will be seeking additional services, it is good to know if your insurance company or the RBHA offer them. Do research in advance. Ask more than one person. Information about services offered is not always easy to obtain.

 **Tip** - You may need to be persistent to get changes in your child's treatment. Continue asking questions and presenting your case.

- If your CFT is not knowledgeable about additional or specialized services, ask the RBHA to provide a CFT Coach and/or technical assistance.
- If your child requires a service which is not available in your RBHA's network, single-case agreements with non-network providers can be discussed at the CFT.

What if I have concerns about my child’s services and/or providers and want to file a grievance or complaint?

Sometimes a RBHA provider may fail to follow through on an assigned task, be slow to secure a service, or present other barriers to accessing needed services and supports. In these instances, you may want to consider filing a grievance or complaint. It is important that you attempt to resolve these issues at the lowest level possible.

Tip - *Before you begin any appeals process, discuss your child’s needs and concerns with other families who have advocated for their children. You may also want to discuss these needs and concerns with others who know your child reasonably well, such as a teacher, school counselor, or even a good friend. Because advocating can be a stressful process, seek reassurance that your requests are valid, and that you are not overreacting.*

Before filing a grievance, speak to your child’s therapist and/or case manager directly about your concerns. Write these concerns down before speaking to them. This will help you bring clarity to the situation and help you to remain focused on the issues at hand. If this fails to yield positive results, speak to their supervisor or the clinic director about your concerns. Again, document your concerns and the conversations you have had with these persons.

You can elevate this issue to the RBHA if you continue to be dissatisfied with the response or lack of response to your concerns. If the RBHA fails to respond to your concerns or you desire a higher level of intervention, you can also file a grievance directly with the Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS).

For incidents that may involve human rights violations, abuse or unprofessional conduct, the following resources may provide assistance and direction.

- Arizona Center for Disability Law..... 1-800-927-2260
- Arizona Office of Behavior Health Licensure 602-364-2595
- ADHS Office of Human Rights.....602-364-4585
or 1-800-421-2124
- Regional Human Rights Committee
(Contact DBHS Coordinator) 1-800-421-2124
- Child Abuse Hotline 1-888-SOS-CHILD (1-888-767-2445)
- Adult Abuse Hotline1-877-SOS-ADULT (1-877-767-2385)

If attempts to resolve the issue directly with the provider have failed, consult your RBHA’s member handbook for instructions on filing a grievance with the RBHA or DBHS. A complaint may be filed orally or in writing by persons enrolled in or seeking services through the DBHS behavioral health system, a person’s family member, legal guardian, or authorized representative, and/or a behavioral health provider.

Complaints may be filed directly with your respective RBHA or with the DBHS.

For oral complaints, call your RBHA or DBHS at the following toll free telephone numbers:

- Mercy Maricopa.....1-800-564-5465
TTY/TDD: 602-914-5809
- CPSA..... 1-800-771-9889, Option 3
- Cenpatico 1-866-495-6738
- NARBHA..... Member Svcs: 1-800-640-2123
Toll free: 1-877-923-1400
or 928-774-7128

- ADHS Division of Behavioral Health
Services..... 1-800-867-5808
or 602-364-4558

 **Tip** - You may want to talk to your employer's benefits department to see if there is any help they can provide.

 **Tip** - For all of these steps, remember to records dates, names and results of conversations in your notebook. Later, this will enable you to identify the persons who have given you information and what tasks they told you they would do.

To submit a written complaint, mail the complaint to appropriate RBHA or DBHS address for your area:

Counties Served	Agency*
Pima	Community Partnership of Southern Arizona (CPSA) Attn: Member Services 535 N. Wilmot Rd., Suite 201 Tucson, AZ 85711
Maricopa	Mercy Maricopa Integrated Care Attn: QI Dept./Complaints 4350 E. Cotton Center Blvd., Bldg. D Phoenix, AZ 85040
Cochise, Graham, Greenlee, Gila, La Paz, Pinal, Santa Cruz and Yuma	Cenpatico Behavioral Health of Arizona Attn: Grievance and Appeals Officer 1501 W. Fountainhead Pkwy., Suite 295 Tempe, AZ 85282
Apache, Coconino, Mohave, Navajo, and Yavapai	Northern Arizona Regional Behavioral Health Agency (NARBHA) 1300 S. Yale St. Flagstaff, AZ 86001
Statewide	ADHS DBHS Attn: Customer Service Unit 150 N. 18th Ave., 2nd Floor Phoenix, AZ 85007 Fax: 602-364-4570

All complaints must be acknowledged. Complaints filed orally shall be considered acknowledged at the time of filing. Written complaints must be acknowledged to the complainant within 5

working days of receipt by the RBHA. They are required to dispose of each complaint and provide oral or written notice as expeditiously as the issue or behavioral health condition requires, but within a timeframe that does not exceed **90 days** from the day the RBHA receives your complaint. If you are dissatisfied with the complaint determination, the RBHA will notify you of further alternatives, including the option to contact DBHS directly.

 **Tip** - *Don't give up; stay calm. Refer to your documentation. Ask clarifying questions. Do not use this as an opportunity to vent. Keep focused on the facts of your case.*

 **Tip** - *Sometimes RBHAs deny services because they have no one to provide them. Your child may still be entitled to receive these services with an outside provider.*

 **Tip** - *Be sure to follow all the rules and deadlines set by the system. Otherwise they have no requirement to follow through on your appeal.*

At a minimum, your complaint should include the following documentation in specific detail:

- The date of your complaint
- Your and your child's first and last name
- The name of your provider agency, provider network organization (PNO) or intake agency, case manager name (if applicable), therapist name and any other persons involved in your child's treatment team
- A detailed but succinct description of your complaint
- Any identified communication needs (for example, an interpreter)
- All steps you have attempted to resolve the problem with the provider(s)
- Any documentation that will support your complaint.

Private Insurance

If your services are being provided through private insurance, call your employee assistance program or customer service number. Consult your insurer's member handbook for procedures on addressing concerns and complaints.

What do I do if I am denied a service I believe my child needs?

You have the option of appealing decisions made by an insurance company or the RBHA. If you are self-pay, you pay for a specific service. Additional services require additional payments.

An *appeal* is a formal disagreement with a decision or adverse action that has been made about your child's behavioral health services. For example, a decision may be made that your child does not need behavioral health services or that services will be changed in some way, or a request for a particular service has been denied. You have the right to seek the service that you think will meet your child's needs.

The RBHAs have a formal process for addressing denied services, as well as advocates to answer questions and help you through the appeal process.

Private insurance companies will have different procedures for appealing denied services. When you have received a denial, call your insurance company’s member services line and ask how to appeal the denial. Be sure to follow their instructions. If your appeal is further denied, the next step is a written appeal or grievance to the company. Possible results from this process are mediation, arbitration, or an independent review by an outside party. Ask your insurance company about their procedures for appeals. If you are still dissatisfied with the outcome, consult an attorney.

What is a RBHA Customer Service Representative?

The RBHA customer service representative is a person specially trained to help you with a problem or a complaint. The advocate will help you work on a problem with your provider(s) or help you find the services your child needs. Call your RBHA’s customer service line and ask for the name of the advocate who serves children in your area.

Counties Served	Agency*
Pima	Community Partnership of Southern Arizona (CPSA) 1-800-771-9889
Maricopa	Mercy Maricopa Integrated Care 1-800-564-5465
Cochise, Graham, Greenlee, Gila, La Paz, Pinal, Santa Cruz and Yuma	Cenpatico 1-866-495-6738
Apache, Coconino, Mohave, Navajo, and Yavapai	Northern Arizona Regional Behavioral Health Agency (NARBHA) 1-800-640-2123
<i>*If any of these numbers are out of service, contact the ADHS Division of Behavioral Health Services at 602-364-4558 or 1-800-867-5808 for updated numbers.</i>	

How will I know if I have the right to appeal?

Any time your services are denied, changed, or terminated you have the right to appeal the decision. Ask your child’s provider to give you a written statement of the denial, change, or termination of the service. This is also called a Notice of Action (NOA). If you are not sure you can appeal, contact the RBHA Office of Grievance and Appeals.



Tip - Before beginning the appeals process, it is important to collect information about why you need the denied service, what you have done to obtain the service, and how the provider has responded to your requests.

Tip - The Arizona Center for Disability Law website (www.acdl.org) provides a self advocacy guide on mental health rights and appeals for children's behavioral health services. It provides step by step instructions and samples. The concepts are also useful in filing appeals to private insurance companies.

Tip - An expedited hearing may be faster, but it is also potentially more risky. Discuss this option with your advocate.

What steps do I take to file my appeal?

Whether you have private insurance or Medicaid for your adopted child, if a service is denied you have the right to appeal that decision. The denial letter, also called a Notice of Action, will outline your child's rights and the process to appeal the denial. It will also contain the forms (if needed) to file the appeal.

You must return the completed complaint form to your RBHA within 60 days of the date of the adverse decision.

Appeals are time sensitive; pay close attention to the time frames listed in the letter or Notice of Action and be sure to file the appeal within that time. If the deadline is missed, there is no further legal recourse available and the services will not be provided.

If your child is being served by the RBHA system, appeals can be done verbally. However, it is always best to write the appeal so that there is a record of it.

What happens after I file my appeal?

Within seven days of receiving your appeal, unless you request an AHCCCS hearing, an informal conference will be scheduled at the RBHA offices. The purpose of the conference is to discuss the situation and discover ways to resolve the problem. The conference will include you, persons you invite to support your child's situation, a representative from your provider, a RBHA representative, and a mediator. If you request an AHCCCS hearing, your complaint form will be forwarded by the RBHA to AHCCCS.

What happens if we can't come to a resolution?

If the problem cannot be resolved at the informal conference, you will have the opportunity to take your appeals to higher levels. The mediator will advise you of your and your child's rights and how to proceed. You will be provided with a Notice of Appeal Resolution upholding the RBHA's decision. It will outline the steps to request a fair hearing. The request for a fair hearing must be done within 10 days of the letter being written. The RBHA advocate or an outside advocate can help direct you in the process.

I have Arizona Adoption Subsidy. Will they provide for services that I need that the RBHA or my private insurance won't provide?

Maybe. It depends on the reason why the service is denied. For example, if your child was denied because the service was not a medical necessity, adoption subsidy will not be able to pay for this service.

Other than case management, no services are directly provided by adoption subsidy. Adopted children are eligible for the same services in the community as is any other child. Adoption subsidy supplements or pays for services or fills gaps in services not available through community resources.

Why does adoption subsidy pay for a therapeutic tutor for my friend's child, but not for mine?

Adoption subsidy covers services that are specifically related to the child's conditions on the subsidy agreement, depending on what other resources are available to that child. Each child's conditions and resources are different and may result in services being covered for one child and not for another.

What does guardianship subsidy provide?

Guardianship subsidy does not pay for nor provide any services. It is a monthly maintenance payment, a fixed amount paid by the State of Arizona to eligible persons who received guardianship of a child under Title 8 through the juvenile court.

Persons who obtained Title 8 guardianship after August 4, 1999, may be eligible. You may apply through your child's case manager, or directly through the State Subsidy Office if there is no longer a case manager.

What other resources are there to help provide services?

There are community resources available to all children in the community. Information and referral agencies in your community can help you identify services. If you do not have an I&R service, call some likely agencies in your area and ask them for information. Find a support group to get ideas from other parents.

 **Tip** - Adoption subsidy pays for services that are very specific to the individual child, their subsidy agreement, and their circumstances. That is why it is important to document all of your child's issues in the subsidy agreement before the adoption is finalized.

SPECIAL SITUATIONS

This section covers some of the complex diagnostic issues that can present special difficulties for adoptive and guardianship families, some of the transitions into adoption and to adulthood, some of the more serious interventions your child may need, and information about the normative crises of adoptive and guardianship families. While some of these situations may seem frightening or challenge your self-esteem as a parent, they are manageable and you and your child can survive and benefit from them.

COMPLEX DIAGNOSTIC ISSUES

 *Tip - Behavior problems in drug and alcohol exposed children may be the result of brain dysfunction not related to environmental issues.*

 *Tip - Extensive information about FAS can be found on the Internet. Spell out Fetal Alcohol Syndrome; there are thousands of FAS sites not related to fetal alcohol syndrome.*

My child may have been exposed to alcohol and/or other drugs before birth. What do I need to know?

According to the Substance Abuse Mental Health Services Administration (SAMSHA) FASD Center for Excellence, **Fetal Alcohol Spectrum Disorder** is “an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.” It refers to a spectrum of conditions that include fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neuro-developmental disorder (ARND, considered the same as FAE), and alcohol-related birth defects (ARBD). Although disorders within the spectrum can be diagnosed, the term FASD is not intended for use as a clinical diagnosis. The term Fetal Alcohol Spectrum Disorder is not in itself a clinical diagnosis but describes a full range of disabilities that may result from prenatal alcohol exposure.

FAS/ARND occurs along a spectrum with FAS at one end and ARND at the other. Children with the full FAS diagnosis have small stature, unusual facial characteristics, and some developmental delays. About half of them have some mild mental retardation. Children with ARND may have normal physical appearance and normal intelligence, but may have learning disabilities and behavior problems from the effects of prenatal alcohol exposure.

Symptoms of FAS include low birth weight, small eye openings, wide smooth philtrum (mid-line groove in the upper lip), sleeping and feeding problems, delays in walking and talking, hyperactivity or inability to focus (ADD/ADHD), and in some cases, below normal IQ. Children with ARND may have average appearance and average IQ.

Characteristics of FAS/ARND include concrete thinking, problems with time and money, social immaturity, poor judgment and impulse control and difficulty generalizing knowledge from one situation to another. These problems often present as learning problems, an inability to learn from past mistakes, problems remembering rules, lack of motivation and learning and coping skills that vary widely from day to day.

Children with FAS/ARND may have a hard time with over-stimulating environments, like playgrounds, cafeterias, shopping malls or grocery stores. Expectations that are too high may cause frustration and anger, and children may either withdraw and become depressed or lash out and become aggressive. Alcohol-exposed children can show symptoms of attachment disorders as well. Some of these symptoms can be caused by early parenting experiences, but can also be caused by brain damage from prenatal alcohol exposure. Behavior problems may not be in the child's control, as it is often a result of brain damage. All teachers and caregivers of children with FAS/ARND need to understand the nature of this disorder.

Babies Exposed to Drugs

It is not clear how much damage can be caused by illicit drug use during pregnancy, but government studies show that this damage may not be as long-lasting as the damage caused by alcohol. Prenatal exposure to drugs can cause neonatal withdrawal syndrome during the first few weeks after birth. Symptoms of withdrawal include tremors, problems with eating and sleeping, strong startle reflex, and unusual muscle tone (stiff or floppy). With exposure to drugs other than alcohol, these symptoms disappear after several weeks. Many children exposed to illicit drugs have also been exposed to alcohol.

Evaluations for FAS/ARND

Medical professionals trained in diagnosing FAS disorders can make a diagnosis for your child, including a pediatrician, neurologist, geneticist, or psychiatrist. If your child is enrolled in an AHCCCS acute care health plan or you have private insurance, consult with them about making a referral to have your child evaluated. Your child's pediatrician can also assist in making a referral that will be covered by your health plan.

For self-pay or other funding sources, you may contact the University of Arizona Phoenix Genetics Program at 602-239-4561, in Maricopa County. In Pima County, contact the U of A Department of Genetics at 520-626-5175. In La Paz County, contact the Parker Indian Health Service Hospital at 520-669-2137. In Flagstaff, contact the Northern Arizona University Institute for Human Development at 520-523-4791.

 **Tip** - More resources can be found at the FAS Arizona webpage, www.fasarizona.com

 **Tip** - A good book on FAS is *Fetal Alcohol Syndrome: A Guide for Families and Communities*, by Ann Streissguth. Also read *Fantastic Antone Succeeds!*, edited by Judith Kleinfeld and Shioban Wescott.

My child has seen three professionals including a psychiatrist. They agree on a diagnosis of Reactive Attachment Disorder but disagree widely on the type of treatment needed. How do I understand this?

 **Tip** - RAD does not usually respond to conventional treatment and parents often must learn new ways of parenting. A therapist who knows attachment issues will help you do this from the beginning and you will not feel shamed or blamed.

Reactive Attachment Disorder of Infancy and Early Childhood (RAD) is a serious disorder with severe behavior problems. A defining feature of RAD is markedly disturbed and developmentally inappropriate social relatedness in most situations that begins before age 5. There are many methods of treatment for this disorder, some controversial, but none proven as the standard treatment method of choice. Proven means well-researched, with documented success, in a large population diagnosed with the disorder. Discussions of RAD by both professionals and families often become heated and intense, not only about the issues around the best treatment but sometimes in actually diagnosing the disorder. Unfortunately while the controversy goes on, parents are often left to manage children with very difficult symptoms that seldom heal with conventional treatment.

The following offers information, reality, and suggestions for getting help for your child in this heated and controversial arena.

- Attachment issues occur on a continuum from very mild to severe. Having attachment issues is not the same as having the disorder. Many children who live in non-birth parent families have attachment issues. The formation of any new family or relationship requires changing old roles into new ones that fit the changed circumstances. A therapist sensitive to adoptive and guardianship issues can help with attachment issues.
- A diagnosis of RAD usually depends on infant and early childhood experiences of abuse, neglect, and abandonment. Other variables include significant illness in either parent or child during this time.
- Often families with children who have RAD will appear dysfunctional. The symptoms of RAD have a way of taking over families. Until families truly understand the issues and symptoms of RAD, they may appear to be part of the problem. It is important to have a therapist who knows this happens. There is helpful information about finding a therapist with whom you feel comfortable in the *Navigating the Behavioral Health System* section of this guide.
- Find out which therapists do attachment work in your community. The most helpful resource will be other parents whose children have been in treatment. Participate in a parent support group for adoptive/guardianship parents in your community if one is

available. Post-adoptive families who attend group will usually be informed about attachment. Call agencies in your area that place older children and get the names of professionals to whom they refer children.

- Most RBHAs have access to specialty providers for attachment disorder. If you are not comfortable with your current therapist or your current therapist does not feel prepared to help you manage your child, ask to be referred to an attachment specialist.
- There is a lot of information on the Internet about attachment disorder. Be selective about what you choose to use. There is not a definitive book for families on this subject. Some books written for professionals by authors such as Beverly James and Daniel Hughes can be helpful. As you discover more about this diagnosis you will find more resources.

Treatment of RAD

There is no definitive standard treatment for reactive attachment disorder. However, it often includes:

- Individual psychological counseling
- Education of parents and caregivers about the condition
- Parenting skills classes
- Family therapy
- Medication for other conditions present, such as depression, anxiety or hyperactivity
- Special education services
- Residential or inpatient treatment for children with more serious problems or who put themselves or others at risk of harm

Other treatments for reactive attachment disorder that may be helpful include:

- Development of attachment between the child and the child's therapist
- Close, comforting physical contact

Managing reactive attachment disorder is a long-term challenge and can be quite demanding for parents and caregivers. You may want to consider seeking psychological counseling yourself or taking other steps to learn how to cope with the stress of having a child with RAD.

 **Tip** - See if the RBHA or your insurance provider uses any of the attachment therapists you have identified and ask to see that therapist.

 **Tip** - If you find resistance to referring your child to a specialty provider, you may have to go up the ladder to be heard.

 **Tip** - If you believe that your child may have an undiagnosed attachment disorder, and the RBHA (or insurance company) refuses an evaluation by a specialist, advocate up the ladder until this happens. Some families pay for an independent evaluation.

According to American Academy of Child and Adolescent Psychiatry (AACAP), treatment of this complex disorder involves both the child and the family. Therapists focus on understanding and strengthening the relationship between a child and his or her primary caregivers. Without treatment, this condition can affect permanently a child's social and emotional development. However, unconventional and forced treatments such as rebirthing strategies are potentially dangerous and should be avoided.

The AACAP, the American Psychiatric Association (APA), and the American Professional Society on the Abuse of Children (APSAC) have all criticized dangerous and unproven treatment techniques for reactive attachment disorder. Controversial practices can be psychologically and physically damaging and have led to accidental deaths. Some unproven treatments for reactive attachment disorder include:

- Re-parenting, rebirthing
- Tightly wrapping, binding or holding children
- Withholding food or water
- Forcing a child to eat or drink
- Yelling, tickling or pulling limbs, triggering anger that finally leads to submission

Beware of mental health providers who promote these methods. Some offer research as evidence to support their techniques, but none has been published in reputable medical or mental health journals. If you're considering any kind of unconventional treatment, talk to your child's psychiatrist first to make sure it's legitimate and not harmful.

TRANSITIONS INTO ADOPTION AND TO ADULTHOOD

What happens to mental health services when I transition from foster care to adoption?

If your child is receiving behavioral health services through the RBHA system, his/her continuity of care could be interrupted when your adoption is finalized. This means that your child could lose his psychiatrist and therapist and have to start anew. This could happen because you decide to use a provider through your private insurance or because you will be required to change RBHAs.

RBHA assignment is based on ZIP code. While a child is in the custody of DCS, the ZIP code used to determine RBHA assignment is based on the court of jurisdiction. After the adoption is finalized, your residential ZIP code will be used to determine the assigned

RBHA. This means that there could be a change in RBHA and provider after the adoption is final.

Before the adoption is finalized, insist that a CFT be scheduled to address this question. Include the adoption subsidy worker assigned to your child. The subsidy worker can help you arrange this meeting, although it is the responsibility of your RBHA behavioral health provider to coordinate this request. Discuss with your child's current providers:

- what resources you will be using after the adoption and what resources they will accept
- which services your child receives that will continue with no change in funding source
- what services your child receives that will cause little disruption if the provider changes.
- the services for which you will ask the provider to make an exception, and the procedures for requesting the exception.

The RBHA, Adoption Subsidy and AHCCCS should review a request for an exception. After the adoption you can request an exception from Adoption Subsidy to cover a current provider who has worked with the child for a least a year.

I am concerned about my teenager's ability to transition to adulthood. How can I help my child?

You should begin thinking about your child's future as early as 13 years of age. There are emotional, educational, mental health, financial, and legal issues to be addressed. Both the school and the RBHA can help you.

Emotional Issues

Parents should be realistic about their child's current and long term potential, and to help their child accept this reality. No matter how bright they are, some children may not be ready for normal adult responsibilities by age 18, 21 or 25. Some children's disabilities will remain with them into adulthood. There is a mystery to the healing process for issues of loss, abuse, and trauma, and there is no time limit for healing of these issues. However, diagnosed mental illness, neurological disorders, and developmental disorders usually need to be accommodated in life plans.

Mental Health Issues

Discuss with the Child and Family Team, the RBHA therapist and/or case manager about how they can help you to prepare your child for the adult mental health system. RBHA providers are expected to

 **Tip** - Continuity of care is a valid reason to ask for exceptions for children with loss and trust issues.

 **Tip** - If you wait until the adoption is finalized before exploring your options, your choices will be more limited.

 **Tip** - The IEP Team is required to go over with you what happens when your child reaches age of majority (18 years old). Do not wait until your child is 18 to begin this process. At 18 your child is a legal adult, so you may no longer receive IEP plans and notices, etc. If your child is not capable of making these kinds of decisions, you may need legal advice on how to address this issue and possibly become your child's legal guardian.

begin transition planning and services by age 16, but this planning can begin as early as age 14.

If serious mental health issues are involved, you can request an evaluation of your child for Serious Mental Illness (SMI). If requested, the RBHA is expected to provide that evaluation prior to turning age 18. Having this completed is important because services for adults with SMI include supported housing and employment, medication and medication monitoring, case management and personal care.

 **Tip** - *One of the best ways to find resources in your area is to contact a program that works with teens that have dropped out of school or been placed in special programs. Staff in these programs usually know the ins and outs of working with children both before and after their 18th birthday. Services available to a child before age 18 are different and separate from programs available after they reach legal adulthood.*

This transition process is critical. The adult mental health system in Arizona can be quite different from the children's system. Transition into adulthood can sometimes result in an unsolicited change in providers, services and supports. Services in the adult system will be based on a combination of diagnosis and life functioning.

If your child receives services from an insurance company, discuss their policies with them.

IMPORTANT: Do not forget the need for a Release of Information (ROI) to be signed by your child when she reaches the age of majority. Once your child turns 18, a provider can no longer share or discuss your child's treatment without this release. Preparing your child to sign an ROI should begin prior to their 18th birthday. A ROI can be completed at your child's behavioral health provider agency.

Educational Issues

Your child's Individual Education Plan (IEP) should have a three-year transition to adulthood plan. The law states it must be a part of the IEP in the plan year that the child is turning age 16. but planning could begin as early as age 14.

Beginning with the 2012-2013 school year, schools must complete an Arizona Education and Career Action Plan (ECAP) for every student in grades 9 through 12 prior to graduation. They must complete this in consultation with the student, parent/guardian and the appropriate school personnel. At a minimum, the ECAP must allow a student to enter, track and update the following information:

- Academic goals (includes coursework necessary to achieve graduation)
- Career goals (includes career plans, options, interests, skills and educational requirements)
- Postsecondary education goals (includes admission requirements, application forms and financial assistance plans)

- Extracurricular activity goals (documents participation in all activities).

Financial Issues

Find out about Supplemental Security Income (SSI) eligibility and how to apply.

Explore resources in your community that help young adults with transitions. This issue has become greater in importance at all levels of government with the increase in the number of children in foster care that are aging out of the system.

Legal Issues

Some young adults will need to continue on a dependent status if they truly cannot function independently. For example, your child may state that as soon as he turns 18 he will no longer take his medicine. You might want to consider obtaining a medical power of attorney to address this issue. Consult an attorney.

OTHER INTERVENTIONS

My child is in behavioral health crisis and has been taken to the emergency department. What can I expect?

If your child has immediate and critical medical needs (for example, self-inflicted wounds, an overdose), you should **call 911 first**.

For all other behavioral health crises, call the crisis line for your RBHA or county health department. They can provide intervention either both phone or by sending a mobile unit. The crisis team will help determine whether your child requires hospitalization. Arizona has a limited number of psychiatric inpatient hospital beds available and the hospital may require that a child be medically cleared before admission. As a result, the crisis team or first responders may send you to the emergency department.

Because of the limited number of hospital beds, waiting time in an emergency department can be excessive. Some RBHAs have specific policies on what to do if a child is waiting in the emergency room for more than 23 hours. The RBHA should assist in identifying alternative services to help de-escalate the crisis situation and to support you and your family.

Here are a few tips that can help you in a time of crisis:

- If your child is enrolled with the RBHA behavioral health system, discuss development of a crisis plan at the CFT or with his/her therapist.
- Keep your local crisis numbers posted in your home, car and on your person (in your wallet, purse, cell phone, etc.).

 **Tip** - Schools have programs for teenagers including school to work programs and special charter schools, but not all parts of the state have the same resources. Explore the resources in your area early in the transition process.

- During your child's junior year in high school, contact your Vocational Rehabilitation office about programs they have for youth still in high school and for those over 18.
- Parental creativity in securing and sometimes developing services is necessary.

 **Tip** - You can call the emergency room and discuss the situation before you bring your child in for care.

 **Tip** - Participate in your child's hospitalization. This means attending family therapy, if offered.

 **Tip** - According to DBHS Provider Manual, Section 3.8, Outreach, Re-engagement and Closure, for children enrolled in the RBHA system who are to be released from Level I care, behavioral health providers must help establish priority prescribing clinician appointments within seven 7 days of the person's release to ensure client stabilization, medication adherence, and to avoid re-hospitalization.

- Keep your child's crisis plan in an easy to remember and easy to locate place.
- Always know what steps and interventions are included in your child's crisis plan.
- Always know your child's current medications and doses.
- If possible and appropriate, share the crisis plan with the mobile crisis team to assist them in defusing the situation.
- Develop a system of supports and alternative supervision plan that includes a list of persons whom you can call to help watch any other children in your home while you are at the hospital.
- If your child has a history of crisis episodes, pack a small backpack that contains toys and activities your child can play with while waiting in the ED, spare clothes and toiletries, emergency contact numbers, and copies of documents that will help the crisis team, ED staff and inpatient facility in serving your child.

Hospitalization occurs only when a child is an immediate danger to himself or others. Hospitalization is usually brief, with stays seldom lasting longer than a week. The purpose of hospitalization is to stabilize your child when he is in crisis.

If you truly believe that taking your child home is not safe, tell the caregivers. Even if the child is not admitted, they can help with a crisis plan to get you through the next few days. A crisis plan may include having someone check in with you regularly, having a mental health worker come to your home, or a night in an emergency shelter.

My child has been hospitalized. What should I expect?

If your child is hospitalized, you should be given basic information about such things as visiting hours and what items are not permitted on the ward. If you can tour the ward, do so. Ask the staff about the treatment program, scheduling staffings and the discharge plan. Staffings are regular meetings to review the progress of your child's treatment.

Discharge planning is expected to begin at the time of admission so that you, the RBHA provider and the facility are prepared for discharge, particularly if your child will not be returning home but going to a lower level of residential care. The social worker and doctor must contact you. If they do not contact you within a day, contact them.

At the staffing, a discussion should occur about the discharge plan, what the psychiatrist's impressions are of your child, what are the plans for keeping your child stable, what referrals have been made and what follow up services are recommended. If this is your child's first entry into the system, a follow-up appointment should be made before discharge.

My child has been arrested and is being held in the juvenile detention center. What happens now?

When your child is taken to the detention center, a decision will be made to either detain your child or attempt to release her back into your custody. If your child is detained, there will be a detention hearing the within 24 hours in front of a judge to determine if your child will remain in detention. Discuss your child's case with the court.

If the court releases your child and you and your family believes that the child returning home would create a dangerous situation, work with the court to come up with a crisis plan. This could include your child going to a shelter, staying with a relative or having in-home services. If your child is enrolled in the RBHA system, you can consult with your CFT to discuss plans for discharge from detention. This may include wrapping your child and family with supports and services. If this is not viable upon release from detention, consider a request that RBHA evaluate your child for residential services.

Juvenile detention is the temporary and secure custody of juveniles under the jurisdiction of the juvenile court who require a restricted environment for their own protection and/or the safety of the community. Responsibility for maintaining a juvenile detention center separate from an adult jail or lockup is vested with the counties. Juvenile detention provides a range of services which support the juvenile's physical, emotional, educational and social development. Supportive services minimally include: education, recreation, nutrition, medical and health services, visitation, communication and continuous supervision. Juvenile detention also provides for a system of clinical observation and assessment.

In Arizona, a juvenile may be detained for the following reasons:

- Probable cause to believe the juvenile committed acts alleged in the petition, and reasonable cause to believe the juvenile:
 - would not be present at any hearing
 - is likely to commit an offense injurious to himself or others
- Juvenile must be held for another jurisdiction

 **Tip** - Ask about staffing dates and discharge plans. According to DBHS policy, discharge planning and communication with the Adult Clinical Team or CFT must begin at admission.

- If RHBA enrolled, request the the CFT meeting occur at the hospital.
- You have the right to ask as many questions as you need and to be part of the planning process.

 **Tip** - Some parents report that they receive no discharge information from the hospital. If this happens to you, contact the social worker. She is your key contact person and will be able to provide you with the information you need. Keep calling until you contact her.

 **Tip** - Notify your child's therapist and CFT when your child is detained to begin planning for support services that will enable your child to either return home or be placed in an appropriate care facility.

 **Tip** - Juvenile probation officers can and should participate in your child's CFT.

 **Tip** - For a virtual tour of a detention facility, visit the Law for Kids website at www.lawforkids.org

 **Tip** - A good book on the topic of normative crises is *The Family of Adoption*, by Joyce Maguire Pavao.

- Juvenile interests or the public require custodial protection.
- As a condition of probation.

It is important to tell the probation officer and the judge that you support your child and have been working hard to find solutions for your child's behavior. Describe what solutions have been attempted. The court is responsive to concerned parents. Being informed and confident at court will increase your chances of being viewed as part of the solution and not part of the problem.

There are fees and costs assessed for everything that happens in the court system, and you are responsible for these. In cases where you are the victim or are having financial hardship, these costs and fees may be waived or reduced.

NORMATIVE CRISES OF ADOPTION AND GUARDIANSHIP FAMILIES

What is a normative crisis?

A *normative crisis* is an expected crisis that occurs when major life transitions and changes occur and/or when children and adults pass from one developmental life stage to another. Examples of normative crises are adolescent identity formation, getting married, giving birth, and retiring. Normative crises can be stressful when they are occurring but are a potentially beneficial, as well as necessary part of life.

What is a normative crisis for an adoptive or guardianship family?

Normative crises for adoptive and guardianship families occur in two primary forms: those based on the developmental stages of children and adults in the family, and those based on forming new families and accommodating birth families.

The following is an example of a developmental normative crisis. Sometime between seven and ten years of age, children develop the cognitive capacity to realize that they came from one family and are living in another. Depending on their circumstances, some children will need to be supported through a mourning and grieving process until they accept their reality.

An example of a normative transition crisis is changing from the role of grandparent to being a child's parent. It can involve many feelings and shifts in thinking for both adults and children. It can take months to adjust to these new roles.

Does a normative crisis require therapy?

Needing therapy depends mostly on individual circumstances. If you are parenting children with significant loss and abuse issues, a normative crisis may trigger other issues. Some professionals believe that adoptive and guardianship families can benefit from periodic counseling. Children probably think about these issues more than parents realize, and it can be helpful to have a place to clear the air.

REACHING HOME PORT

Our hope is that you find the information in this guide helpful. Your adoption and/or guardianship parenting journey may be smooth sailing, filled with stormy seas, or some of each. In any case, you are not alone. There are others for you to meet on your journey, and much knowledge to gain and share.

We wish you bon voyage!

A Special Thank You

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“Lost in the System” cartoon, courtesy David Fitzsimmons



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