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2 **583 FAMILY INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL**  
3 **HEALTH SYSTEM**

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6 EFFECTIVE DATE: (TBD)

7 REFERENCES: Division Medical Policy 583

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9 **PURPOSE**

10 This Policy applies to the Division of Developmental Disabilities’ (Division)  
11 Administrative Services Subcontractors (AdSS) and establishes the  
12 contractual delegation of duties and responsibilities specific to this policy to  
13 ensure family involvement in the Children’s Behavioral Health System.

14 **DEFINITIONS**

- 15 1. “Evidence-Based Practice” means an intervention that is recognized as  
16 effective in treating a specific health-related condition based on  
17 scientific research; the skill and judgment of health care professionals;  
18 and the unique needs, concerns, and preferences of the individual  
19 receiving services.
- 20 2. “Family Run Organization” means family-operated services that are  
21 independent and autonomous, governed by a board of directors of  
22 which 51 percent or more are family members who:
- 23 a. Have or had primary responsibility for the raising of a child,  
24 youth, adolescent or young adult with an emotional, behavioral,

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26           mental health or substance use need, or
- 27           b.    Have lived experience as a primary natural support for an adult  
28           with emotional, behavioral, mental health or substance use  
29           need, or
- 30           c.    An adult who had lived experience of being a child with  
31           emotional, behavioral, mental health or substance use needs, or
- 32           d.    Employs Credentialed Family Support Partner providers whose  
33           primary responsibility is to provide family support.
- 34    3.    “Provider ” means, for purposes of this policy, an agency or individual  
35           operating under a contract or service agreement to engage in the  
36           delivery of services, or ordering or referring for those services, and is  
37           legally authorized to do so by the State.

38    **POLICY**

39    The AdSS shall develop policies and procedures to ensure a system of care  
40    that values family involvement, collaboration, advocacy, and communication  
41    at all levels. A system that understands that the parent/primary caregiver  
42    holds vital information about the child, family history, and culture. The child  
43    and parents/caregivers hold the keys to creating not just a Service Plan, but  
44    to successful treatment that provides the best chance for a child to achieve  
45    the goals set forth in the Arizona Vision. The AdSS shall ensure that

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47 providers value both the unique perspective and voice of parents as it relates  
48 to their child's services and to the system as a whole.

49 **A. FAMILY INVOLVEMENT IN A CHILD'S TREATMENT**

50 The AdSS shall ensure:

- 51 a. Providers build family inclusion into service plan objectives.
- 52 b. Providers consider each individual's unique needs and  
53 strengths and shall draft a treatment plan utilizing a  
54 person-centered approach.
- 55 c. Providers understand that parents/caregivers are the first  
56 line of advocacy and intervention for their children. Their  
57 ability to fully engage and collaborate with providers is  
58 critical to positive outcomes.
- 59 d. Providers are educated about the benefits of family  
60 support services. Family support as a best practice reduces  
61 stigma that can lead to isolation and self-blame. This can  
62 be helpful for engaging families and removing barriers that  
63 prevent families from reaching out and connecting with  
64 available supports and services.
- 65 e. Providers educate and provide information on the  
66 availability of family support partners and support groups

at Family Run Organizations (FRO) to all parents at first contact and at every Child and Family Team (CFT) meeting thereafter.

- f. Providers educate families beginning services on family support services and offer to connect families to a family support partner or to a FRO for this support (refer to AdSS Medical Policy 320-O).
- g. Providers educate families on the difference between family support provided by a professional who does not have lived experience and parent peer/family support provided by an individual with lived experience supporting a child with behavioral health challenges and other complex needs.
- h. Providers shall provide information regarding Credentialed Family Support Partner (CFSP) as specified in AdSS Medical Policy 964:
  - i. Family support is a system navigation tool that families can self-refer to a provider including FROs to receive this service,
  - ii. Providers must either provide family support or

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70 develop a partnership with a FRO or another  
71 organization to refer families for family support, and  
72 iii. Families are given voice and choice in the provider  
73 organization that provides family support and  
74 whether the provider has lived experience.

75 **B. FAMILY INVOLVEMENT IN THE CHILDREN'S SYSTEM OF CARE**

76 AHCCCS System of Care requires that opportunities exist for family  
77 members to participate at all levels as family and system resources.  
78 Family voice enriches and strengthens system and treatment outcomes  
79 as family members bring an array of experience with raising a child  
80 with complex needs. Integration of family members inspires a  
81 paradigm shift that focuses on removing barriers and discrimination  
82 created by stigma and implicit bias.

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84 1. The AdSS shall ensure:

- 85 a. Providers create substantive positions for family members  
86 that include appropriate professional development,  
87 training, and mentoring opportunities.
- 88 b. Providers create a pathway for professional growth,  
89 including a parent/caregiver workforce development plan.
- 90 c. Providers understand and create family work roles.

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92                   Examples of family work roles include outreach, navigator,  
93                   and community and family integration coordinator/  
94                   consultant.
- 95                   d.    Family feedback regarding the Children’s System of Care is  
96                   obtained in order to inform system and service delivery  
97                   improvements.
- 98                   2.    The AdSS shall ensure the following for tracking and monitoring:
- 99                   a.    Providers develop a data driven annual plan of strategies  
100                   to incorporate and sustain family involvement.
- 101                   b.    Providers utilize billing modifier CG for services provided  
102                   by a CFSP and track outcomes related to services  
103                   provided.
- 104                   c.    Providers that provide family support have sufficient family  
105                   support staff to meet the needs of the members they  
106                   serve, and caseload sizes are monitored to ensure all  
107                   members needs are met.

108   **C.    TRAINING**

109    The AdSS shall ensure:

- 110                   a.    Providers are trained on the requirements of this policy  
111                   and notified when updates are made.

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- b. Training materials for providers are developed with input from parents, caregivers and youth.
- c. Providers train staff with evidenced-based practices that assist in reducing discriminatory behaviors towards families engaged in the system.
- d. Providers shall train on evidence-based practices of meaningful family involvement for all employees as part of orientation, during the performance review process, and on an ongoing basis.
- e. Training shall include annual review of Arizona Vision and 12 Principles and implementation as required by AdSS Medical Policy 580.
- f. Providers shall train staff on the role of CFSP and the value of receiving family support from a person with lived experience in raising a child with significant behavioral health challenges.
- g. Ongoing education of provider staff on the description of FRO and the support and services provided by FROs.

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Signature of Chief Medical Officer: