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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: AMPM 583

8 **PURPOSE**

9 This policy applies to the Division of Developmental Disabilities (Division)
10 and establishes requirements to ensure a system of care that values family
11 involvement, collaboration, advocacy, and communication. This Policy is an
12 optional resource for fee-for-service programs and is not a requirement for
13 fee-for-service providers.

14 Further, this policy sets forth the responsibilities of the Division's oversight
15 and monitoring of its Administrative Services Subcontractors’ (AdSS)
16 administration of delegated duties specific to this policy, the AdSS contract,
17 and AdSS Medical Policy 583.

18 **DEFINITIONS**

- 19 1. “Evidence-Based Practice” means an intervention that is recognized as
20 effective in treating a specific health-related condition based on
21 scientific research; the skill and judgment of health care professionals;
22 and the unique needs, concerns, and preferences of the individual

receiving services.

2. “Family Run Organization” means family-operated services that are independent and autonomous, governed by a board of directors of which 51 percent or more are family members who:
 - a. Have or had primary responsibility for the raising of a child, youth, adolescent or young adult with an emotional, behavioral, mental health or substance use need, or
 - b. Have lived experience as a primary natural support for an adult with emotional, behavioral, mental health or substance use need, or
 - c. An adult who had lived experience of being a child with emotional, behavioral, mental health or substance use needs, or
 - d. Employs Credentialed Family Support Partner providers whose primary responsibility is to provide family support.
3. “Provider” means, for purposes of this policy, an agency or individual operating under a contract or service agreement to engage in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.

POLICY

A. FAMILY INVOLVEMENT IN A CHILD'S TREATMENT

The Division understands that parents and primary caregivers hold vital information about the child, family history, and culture. This information is essential to the development of a service plan and to successful treatment that provides the best chance for a child to achieve the goals set forth in the Arizona Vision. The Division expects providers to value both the unique perspective and voice of parents and caregivers as it relates to their child's services and to the system as a whole.

1. Providers are responsible for the following:
 - a. Building family inclusion into service plan objectives.
 - b. Consider each individual's unique needs and strengths, and draft a treatment plan using a person-centered approach.
 - c. Fully engaging and collaborating with parents/caregivers as the first line of advocacy and intervention for their children.
 - d. Educating families on the benefits of family support services and removing any barriers that prevent families from reaching out and connecting with available supports

and services.

- e. Educating families and providing information on the availability of family support partners and support groups at Family Run Organizations (FROs) at the beginning of services and at every Child and Family Team (CFT) meeting thereafter.
- f. At the beginning of services, educating families and providing information on family support services and offering to connect families to a family support partner or to a FRO for this support as specified in Division Medical Policy 320-O.
- g. Educating 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. Providing information regarding Credentialed Family Support Partner as specified in AMPM 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 develop a partnership with a FRO or another organization to refer families for family support, and
- iii. Families are given voice and choice in the provider organization that provides family support and whether the provider has lived experience.

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

1. Providers shall be responsible for the following:
 - a. Ensuring opportunities exist for family members to participate at all levels as family and system resources.
 - b. Creating substantive positions for family members that include appropriate professional development, training, and mentoring opportunities.
 - c. Creating a pathway for professional growth, including a parent/caregiver workforce development plan.
 - d. Creating family work roles such as outreach, navigator, community and family integration, coordinator/consultant.
 - e. Obtain family feedback regarding the Children's System of Care to help improve system and service delivery.

C. TRACKING AND MONITORING

The Division requires the AdSS to track and monitor the following:

- a. Providers develop a data-driven annual plan of strategies to incorporate and sustain family involvement.
- b. Providers use billing modifier CG for services provided by a CFSP and track outcomes related to services provided.
- c. Providers that provide family support have sufficient family support staff to meet the needs of the members they serve and caseload sizes are monitored to ensure all members' needs are met.

D. TRAINING

The AdSS shall ensure:

- a. Providers are trained on the requirements of AdSS policy 583 and notified when updates are made.
- 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 new employee 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.

E. DIVISION OVERSIGHT AND MONITORING OF AdSS

The Division shall provide oversight and monitoring of compliance by the Administrative Services Subcontractors serving Members enrolled in a Division subcontracted health plan with respect to any contractual delegation of duties specific to this policy and as specified in AdSS

Medical Policy 583 using one or more of the following methods:

- a. Complete annual operational reviews of compliance.
- b. Review of deliverable reports and other data as applicable.

- c. Review of applicable policies and procedures.
- d. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns.
- e. Review Behavioral Health Clinical Chart Audit results.

Signature of Chief Medical Officer:

Draft Policy for Public Comment