Collaborative Protocol with Department of Child Safety

Roles and Responsibilities in the Coordination of Child and Family Team Process

Mercy Maricopa Integrated Care (MMIC) the Regional Behavioral Health Authority (RBHA) and

Department of Child Safety (DCS)

The Mercy Maricopa Integrated Care (MMIC) and Department of Child Safety (DCS) and Comprehensive Medical and Dental Program (CMDP) agree to coordinate activities in the implementation of the Child and Family Team Process. The elements of the Child and Family Team Process and the roles and responsibilities of each agency are outlined below. The MMIC and DCS recognize that family involvement is a parent/professional partnership and a central focus of their activities. This partnership:

- Begins with the child and his or her family;
- Respects their preferences, interests, needs, culture, language and belief system;
- Provides opportunities and mechanisms for families to identify their roles within the structure of the behavioral health system; and
- Reflects the family’s voice.

DCS and MMIC shall work in collaboration on behalf of children for whom DCS has custody and the responsibility to protect the child’s safety and well-being. The DCS Specialist has the responsibility for assessing how involvement of each family member might compromise the safety or well-being of the child and if their participation is contrary to the child’s well-being and determining the level of safe involvement of each family member based on that assessment. The DCS Specialist must be consulted prior to the family and MMIC establishing membership in the Child and Family Team process. CMDP is the health plan responsible for ensuring, in partnership with foster care providers, the provision of appropriate and quality health care services for the well-being of Arizona’s children in foster care. DCS and MMIC shall work in collaboration to develop an integrated service plan for children and families. The portion of the plan pertaining to Behavioral Health shall be done in the context of the Child and Family Team process.
Glossary of Terms

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

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

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

Comprehensive Assessment- The ongoing collection and analysis of a child’s medical, psychological, psychiatric and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person’s service plan is designed to meet the person’s (and family’s) current needs and long term goals. Behavioral health providers contracted with MMIC/QSPs must ensure that the Arizona Health Care Cost Containment System (AHCCCS) required assessment elements are addressed in the assessment process.

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

DCS Co-Location - A behavioral health provider agency or satellite thereof with clinical personnel located within an office or other setting managed and operated by DCS. Co-location personnel typically receive referrals for enrollment of children involved with DCS in behavioral health services; conduct intakes and assessments for referred TXIX eligible children; participate in Team Decision Making (TDM) meetings for referred TXIX eligible children; and provide or coordinate ongoing behavioral health services for enrolled children.

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

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

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

Crisis Response Network (CRN) - A network of crisis providers, under contract with Mercy Maricopa Integrated Care, that offer a comprehensive array of community-based crisis services 24 hours a day, 7 days a week for the greater Phoenix area. Services include telephone triage and intervention, mobile teams, crisis transportation, hospital rapid response and Department of Child Safety (DCS) crisis programs for enrolled and non-enrolled individuals and families.

Crisis Stabilization Teams - DCS Crisis Stabilization Teams, dispatched through the Crisis Response Network, Inc., will respond to requests for services for RBHA-enrolled Title XIX/XXI children under the custody of DCS. DCS Crisis Stabilization teams will work in collaboration with ongoing treatment providers, DCS, the child’s placement facility/home, Mercy Maricopa Integrated Care and families in order to provide crisis intervention and stabilization services. The purpose of this service is to provide short-term stabilization to prevent disruption of the child’s placement so that he/she may remain in his/her living environment (e.g., family home, foster home, group home).

DDD Crisis Stabilization Teams - Known as the D1 Specialty Team, this crisis response/stabilization team is made up of two crisis specialists that have been trained to meet the unique needs of children (and adults) that have been diagnosed with a developmental disability. This team can be available for scheduled encounters or respond to crisis encounters. This team will work collaboratively with the DDD Service Coordinator, ongoing service providers, caretakers, and other involved parties in service and case coordination.

High Needs Case management – case management services for children with complex needs provided by the RHBA contracted providers

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

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

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

Regional Behavioral Health Authority (RBHA)-A behavioral health organization contracted with the Arizona Health Care Cost Containment System (AHCCCS), Division of Behavioral Health Services to administer a managed care behavioral health delivery system in the greater Phoenix geographic service area (GSA 6). The RBHA is responsible for managing and administering the behavioral health services in Maricopa County, as well as portions of Pinal and Yavapai Counties, and for managing behavioral health care for persons who are eligible to receive services. The RBHA contracts with Qualified Service Providers to provide medically necessary behavioral health services.

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

Safety Plan (DCS) - Safety Plans are actions taken to control and manage impending danger, have an immediate effect, be immediately accessible and available and contain safety and actions only, not services designed to effect long-term change. It must be sufficient to ensure safety. It is a written arrangement with the parent(s)/legal caregiver and those who will help maintain safety (safety monitor) and the Child Safety Specialist.

Strengths, Needs, and Culture Discovery (SNC) - An assessment process that includes the following elements: (1) Identification of strengths, assets and resources that can be mobilized to address family needs for support; (2) Exploration and understanding of the unique culture of the family, so the service plan will be a plan the child and family will support and utilize. The family's culture is
influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation and other factors; (3) Recording of the child and family’s vision of a desired future; and (4) Identifying the needs and areas of focus that must be addressed to move toward this desired future.

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

A. Rapid Response

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<td>1. DCS Rapid Response (DCS RR) services shall be provided upon notification from DCS or the current DCS out of home placement that a child has been, or will imminently be, taken into the custody of DCS; regardless of the child’s Title XIX or Title XXI eligibility status.</td>
<td>1. When DCS is considering a removal of a child or has removed a child from the home, a Team Decision Making (TDM) meeting may have been convened. This meeting is a forum where DCS discusses safety threats and risks while assessing the family. Consideration should be given to inviting the Arizona Families First (AFF) (if applicable) and behavioral health providers to the TDM.</td>
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<td>2. Upon receiving a referral and accompanying documents from DCS, the Crisis Response Network (CRN) will review the referral for completeness. If the referral is complete and has the appropriate documentation, a Rapid Response team shall be dispatched (TERROS or EMPACT) to conduct an intake and urgent response assessment with the child within 72 hours to determine behavioral health needs.</td>
<td>2. If a TDM was convened, if substance abuse is an issue, both AFF and the behavioral health provider will be provided with a copy of the TDM Summary, which outlines the precipitating events that led to the child’s removal, safety issues and concerns, DCS history, and family strengths/supports.</td>
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behavioral health provider, CRN will notify the provider that DCS has removed the child and that the child must be assessed by the provider within 72 hours.

4. If an incomplete referral is received, the CRN dispatcher or DCS Rapid Response Provider will contact the DCS staff member making the referral and review the information needed.

4. The Rapid Response team shall take into consideration information from any court order, such as no-contact orders or CSRA results that may affect the child or the development of the CFT. This information shall be documented in the behavioral health assessment.

5. The Rapid Response team shall conduct an urgent response assessment with the child at the child’s current location and shall identify immediate clinical behavioral health safety needs and presenting problems of the child.

6. The Rapid Response team will outreach and begin to engage the biological parents unless deemed inappropriate by the DCS Specialist on the referral. The Rapid Response assessment will include information from the biological parents/guardians, their role in the Child and Family Team and identification of any current services in place or recommended behavioral health treatment.

7. The Rapid Response team shall provide assistance and support to the child’s new caregiver, including guidance about how to

3. When a child is removed from home, DCS shall utilize the RBHA Rapid Response (aka Urgent Response) process within 24 hours of removal, or referral process as determined in each co-location site, to notify the RBHA of the referral and the removal of the child from the home. DCS shall immediately complete the CHILDS legal and removal status screens to alert Comprehensive Medical and Dental Program (CMDP). The DCS specialists will include the Child Strengths and Risks Assessment (CSRA) findings.

4. DCS will document on the Rapid Response referral form any special behavioral health needs, including if more urgency for a Rapid Response assessment is identified as a need.

5. DCS will provide contact information for the biological parents/guardians and identify on the form if contact by the provider is not allowed during the rapid response referral.

6. For children ages birth to 3, the DCS Specialist will provide a copy of the Rapid Response assessment to their co-located provider. The DCS Specialist is court-mandated to ensure that a comprehensive Birth to Five Assessment is completed for this age group. Once the assessment is received, a copy is attached to the subsequent court report and copies provided to in-home service providers, caregivers, and to AFF, when appropriate.
respond to the child’s immediate and unique needs, such as adjustment to foster care, behavioral health symptoms to watch for and report, and assistance in responding to any behavioral health symptoms the child may exhibit.

8. The Rapid Response team shall complete an interim service plan in collaboration with the child, the caregiver, and whenever possible, the child’s family. The interim service plan will document initial needs, including any immediate needs, and next steps for meeting those needs.

9. The Rapid Response team shall provide DCS with the written assessment information, and clinical formulation within 5 days of completing the assessment and whenever possible, will be expedited to be available for the purposes of the Preliminary Protective Hearing.

10. The Rapid Response team shall verify the child’s enrollment status and Title XIX eligibility. For Title XIX/CMSP eligible children, ongoing behavioral health services will be provided through the RBHA. If the children are not initially identified as Title XIX/CMSP eligible, the RR provider will document this on the assessment cover page. For Non-Title XIX eligible children, the RR assessment will be provided to the DCS Specialist to utilize when coordinating contracted services. For Non-Title XIX eligible, children ongoing behavioral health services will be coordinated through CMSP and DCS and their contracted providers.

7. For Private Dependency Petitions (PDP) filed by a relative, Guardian Ad Litem, or concerned party:

   - If DCS agrees with the PDP, a Rapid Response referral will be initiated within 24 hours from the time that DCS receives notification of custody (for youth placed in detention or a correctional facility, the referral will be made upon release).

   - If DCS disagrees with the PDP, a Considered Removal TDM may be held. If DCS out of home placement is recommended, a Rapid Response referral will be initiated within 24 hours from the date of the TDM meeting (or upon release for youth placed in detention or a correctional facility). Consideration should be given to inviting AFF and behavioral health to this TDM. If remain or return to parent/guardian is recommended, the Court will be notified of the recommendations. Should the Court not dismiss the PDP, and order DCS out of home placement, a Rapid Response referral will be initiated within 24 hours from the date of the hearing (or upon release for youth placed in detention or a correctional facility).

8. If an In-Home Dependency/Intervention Petition is initiated and the child (family) is Title XIX eligible, a Rapid Response referral will be initiated within 24 hours of custody.
11. The Rapid Response clinician will coordinate an intake appointment with a BH provider to complete a comprehensive assessment within 7 days and ongoing behavioral health service for ALL children that will be TXIX/CMDP eligible. Rapid Response will utilize the approved algorithm to determine BH provider, unless DCS or the placement has a preference (co-located sites will be taken into consideration). Rapid Response will also consider requests by the biological family/guardian in making referrals to behavioral health providers.

12. Once the behavioral health agency for provision of on-going behavioral health services has been identified, the Rapid Response Team shall notify DCS of this information.

13. If intakes cannot be scheduled, follow up attempts are scheduled and if there are ongoing barriers, the RBHA is notified and will contact the assigned provider leadership to resolve issue.

14. For children ages birth-5, Rapid Response conducts a Birth-5 assessment that includes a developmental screening using age-appropriate tools, as follows:
- Newborn to 1 month old – Developmental checklists (as the ASQ and ASQSE does not assess this age) + the Terros DCS RR Assessment.
- 1 Month to 5 years – the ASQ and ASQSE (although the ASQSE begins at the 3 month mark) + the Terros DCS RR Assessment.
- The Terros DCS RR Assessment is used by both Rapid Response agencies; also included in the assessment

9. DCS may make a Rapid Response referral by contacting the RBHA Crisis Response Network (CRN) DCS dispatch line at 602-629-1501 or 602-222-9444. DCS will fax the DCS RR referral and appropriate documentation that verifies the child is in the temporary custody of DCS to CRN Dispatch@crisisnetwork.org.

10. Ensure that a DCS contact name is included on the Rapid Response Referral form. If none is available at the time of the referral, DCS shall provide CRN with a DCS contact person within one (1) working day.

11. Once a Rapid Response team has been assigned from either of the two subcontracted RBHA provider agencies (TERROS or EMPACT), DCS may contact the Rapid Response provider agency directly for coordination of services at 602-685-6019 (TERROS) or 480-784-1514 (EMPACT).

10. DCS shall inform the Rapid Response team through the referral, of current contact information for the youth, placement and biological parents/guardians, relevant court orders or other issues that may affect service planning and treatment for the child. DCS shall designate whether Rapid Response and/or QSP can contact the parent. If not, DCS shall provide the reason that contact is not allowed.

11. If received two working days prior to the preliminary protective hearing, the DCS Specialist shall consider recommendations from the Rapid Response team and the core
packet are the ADHS Cover Page, Expanded Clinical Formulation, the ADHS Diagnostic Summary and the ADHS Next Steps/Interim Service Plan.
- Newborn-36 months – Referral for further evaluation the Arizona Early Intervention Program (AzEIP) when developmental concerns are identified.
- Newborn-5 years - Developmental Checklist and Warning Signs are provided to caregivers.

assessment into the development of the initial DCS case plan.

12. The DCS Specialist shall present the behavioral health assessment and recommendations from the Rapid Response team, as well as the assigned ongoing behavioral health provider agency, at the Preliminary Protective Hearing, held within 5-7 days after removal.

13. The DCS Specialist shall notify the Rapid Response team and/or the assigned Behavioral Health Representative/ CFT Facilitator as soon as is practicable of any contemplated or actual changes in the child’s placement (e.g., from shelter to foster family) to support continuity of behavioral health services.

### B. Intake and Assessment

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<td>1. The assigned provider receiving a routine (not urgent) referral of a child involved with DCS shall offer a scheduled appointment for an intake and assessment within seven (7) days of the referral or request for behavioral health services. More urgent needs will be responded to as indicated by clinical necessity during the RR.</td>
<td>1. For Title XIX eligible children in need of behavioral health services who have not been removed from the home or who are in juvenile detention/ correctional facility or an out-of-home placement at the time of referral to the RBHA, DCS shall follow the co-location referral process as determined at each co-location site or refer directly to the RBHA or a Qualified Service Provider. The Mercy Maricopa Member Services is 602-586-1841 or 1-800-564-5465.</td>
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<td>2. The Qualified Service Provider (QSP) shall offer an appointment for an intake and begin conducting a comprehensive assessment of the child and family’s behavioral health needs within 7 days of the referral.</td>
<td>2. When a child is referred for behavioral health services, the</td>
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referral from the Rapid Response provider. The comprehensive assessment will be completed with the child and family no later than 45 days from the date of the intake.

3. The QSP shall document in the comprehensive assessment continued efforts to assess and engage the biological family and/or legal guardians and any information shared through those contacts.

4. Once the behavioral health assessment has been completed, the Behavioral Health Representative from the assigned provider or QSP shall, in collaboration with the child and family, complete the Individual Service Plan, documenting identified strengths and needs and objectives and interventions to meet those needs.

5. The Behavioral Health Representative will coordinate, after releases of information have been obtained, services for the biological parents/guardians and include that coordination in the Individual Service Plan.

behavioral health service provider shall complete the behavioral health assessment with Division of Behavioral Health Services required elements. The DCS Specialist shall provide as much information as possible to the behavioral health assessor in support of this assessment.

3. The behavioral health comprehensive assessment includes the development of an initial Individual Service Plan. The DCS Specialist may participate in the development of this plan so that the immediate behavioral health needs of the child can be met.

4. The DCS Specialist shall consider the findings of the comprehensive assessment along with any required behavioral changes identified, and the Individual Service Plan into the development of the DCS case plan.

5. The DCS Specialist will support and include coordination of the services for the child and biological parents/guardians into the Individual Service Plan and DCS Case Plan.

6. The DCS Specialist will attempt to obtain releases of information from the biological parents/guardians for their adult service providers and support parents in inviting those providers to the CFT.

C. Child and Family Team Process

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1. If DCS is the child’s legal guardian, the Behavioral Health Representative shall provide the DCS Specialist with behavioral health information, including services and outcomes of those services, and shall gather information from the DCS Specialist toward developing a working partnership.

2. When children are receiving residential treatment services. The CFT will actively, pursue, as frequently as needed, discharge planning and securing of the services needed to allow the child to return to a community placement.

**Decisions on Team Membership:**

3. The child’s legal guardian has the final decision on membership in the Child and Family Team (CFT). The Behavioral Health Representative shall encourage the DCS legal guardian to support the child’s parent(s) to participate in decision-making regarding the child, if appropriate.

4. The Behavioral Health representative shall acknowledge that DCS, as the legal guardian, has the right to exclude individuals from team membership who may pose a safety risk to the child. Alternative methods of safe involvement by the parents should be discussed with DCS and the team, including the parent, if child safety concerns are present.

5. Members can be added to the team at any time based on

1. If a referral for behavioral health services has been made to the RBHA, or if there is concurrent DCS and BH involvement, the DCS Specialist shall provide the following information to the Behavioral Health Representative:
   - DCS case plan (once developed)
   - DCS Team Decision Making Summary
   - The child’s currently known mental health and/or stabilization needs and behaviors or issues that may affect the child’s placement stability
   - Psychological or psychiatric evaluations or other mental health assessments that are available
   - The child’s current DCS permanency and concurrent goals, if applicable
   - Outcomes of any previous placements/treatment interventions
   - Potential members of the Child and Family Team
   - Family members or other individuals that DCS has determined to be unsafe for contact with the child at this time
   - Means by which family members could participate in the Child and Family Team process if they are not deemed safe for contact with the child at this time (Guidelines from the DCS policy manual shall be followed.)
   - Identified barriers/needs for preventing or dismissing dependency
   - Explanation of investigation findings, including risk and safety factors
   - Case records that can be shared with the behavioral
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| If safety issues or court orders preclude inclusion, the team should be continually looking for opportunities to add informal and/or natural supports to the CFT, as they are identified and as appropriate. | - Information about the child and family's cultural and spiritual beliefs and practices  
- Any relevant court orders or DCS mandates. |

6. The child should be included as a team member in his/her CFT and supported in participating in discussions about his/her treatment to the degree that his/her developmental and behavioral functioning allow. Team meeting times and locations should take into consideration the child's school or treatment schedule so that the child is able to attend.

7. If the child is not able to fully participate in the CFT, the team shall identify alternative methods of gaining the child's input into the team. Children as young as six may be engaged by using alternative methods.

8. Co-located partners and AFF shall be invited if substance abuse is identified as an issue for the family. Adult behavioral health providers for the biological parents/guardians will be invited to attend the CFT.

**Preparation for CFT Meetings:**

9. Prior to holding a CFT meeting, the Behavioral Health Representative shall contact the DCS Specialist to discuss scheduling and location of the meeting, as well as the focus of the meeting and roles and responsibilities of team members.

2. As the legal guardian, DCS will attend CFT meetings as scheduled for children receiving residential treatment services. DCS will sign all releases of information from the behavioral health placement to allow MMIC access to all clinical information.

**Decisions on Team Membership:**

3. Prior to the first CFT meeting, the DCS Specialist shall communicate any court-ordered/mandated issues regarding the child or the family to the Behavioral Health Representative.

4. DCS will support parental choice in team membership. DCS shall have the ability to limit participation based on concerns about a child's safety or wellbeing. If parents or other parties are not to be included on a team, the DCS Specialist shall discuss with the parent(s) and the team the reasons for not including them and shall provide information on the circumstances in which they may be considered for inclusion in the future.

5. The child in DCS custody should be included as a team member in his/her CFT, and the team should not exclude a
10. The Behavioral Health Representative shall secure a meeting space for the CFT meeting that is convenient and comfortable for the family, including ensuring that transportation for the child, child care, and interpreter services are available if needed. The Behavioral Health Representative shall also coordinate the meeting time and location with the DCS Specialist to ensure their availability to participate.

11. The Behavioral Health Representative shall invite members of the CFT, including informal supports and system partner representatives, to attend the CFT meeting.

Facilitation of CFT Meetings:

12. The behavioral health service provider agency shall make family support roles available to families as needed to assist with eliciting family voice and choice in the CFT process.

13. The Behavioral Health Representative or family support role typically serves as CFT Facilitator. The CFT Facilitator will assure fidelity to the CFT model.

14. The CFT Facilitator shall follow a CFT meeting format that includes a welcome of participants (introductions, confidentiality reminder, ground rules), a review of the child and family’s strengths and progress, discussion of ongoing needs, review of previous action items and assignment of new action items, and identification of new or continuing needs and creative alternatives for addressing the needs.

child from CFT discussions unless the child is unable to participate in the CFT because of developmental or behavioral functioning.

6. No child will participate in a CFT when the alleged perpetrator is present in cases where the allegations have been categorized as "criminal conduct" or any case that involves an ongoing criminal investigation or criminal prosecution is pending.

7. Co-located partners and AFF shall be invited if substance abuse is identified as an issue for the family.

8. Discussions at the CFT related to informal supports should align with Reasonable and Prudent Parenting Standards and the requirement for the Department to afford youth opportunities for normal age appropriate activities.

Preparation for CFT Meetings:

The DCS Specialist shall discuss availability for scheduling of CFT meetings with the Behavioral Health Representative. The DCS Specialist shall also discuss with the Behavioral Health Representative the focus of the CFT meeting and roles and responsibilities of team members.

10. The DCS Specialist, if acting as the child’s guardian, is responsible for coordinating transportation for the parent or placement to the CFT if needed.
15. The CFT Facilitator shall clarify and address with the team the frequency of meetings, length of meetings, scheduling of future meetings and any barriers to meeting attendance or participation. Meeting frequency should be based on the intensity of the child's needs and services as well as the preferences of the legal guardian and family.

16. The CFT Facilitator shall ensure that an Individual Service Plan (ISP), in conjunction with the DCS case plan, is developed that includes specific objectives, action items or next steps, identification of who is responsible for accomplishing each, and when each is anticipated to be accomplished. The ISP shall be reviewed with the team at each meeting and revised as needed.

17. Following a CFT meeting, the CFT Facilitator shall follow up with the team within one week to distribute copies of the CFT documentation, including the up-to-date ISP.

18. The CFT Facilitator shall contact team members between meetings to follow-up on action items and to schedule emergency CFT meetings if a crisis or safety issue arises.

Facilitation of CFT Meetings:

11. The DCS Specialist shall coordinate with the Behavioral Health Representative/ CFT Facilitator in preparation for CFT meetings. If emergency decisions are made (e.g., court order, potential disruption of placement, safety concern, or hospitalization), the DCS Specialist shall notify the CFT Facilitator as soon as possible.

12. The DCS Specialist shall collaborate with and support the Behavioral Health Representative/ CFT Facilitator as much as possible to successfully facilitate the CFT process.

13. The DCS Specialist shall participate in CFT meetings when available, including brainstorming ideas and alternatives to be used in service planning to meet identified needs. If the DCS Specialist is not available and decisions require DCS attendance, another DCS representative will be identified by DCS to attend for the DCS Specialist.

14. The DCS Specialist shall contribute to creating a safe and comfortable team atmosphere supporting fidelity to the CFT model.

15. The DCS Specialist shall complete the DCS Case Plan and review progress with the team on a regular basis.

16. The DCS Specialist shall report out on status of the behavioral changes, AFF and other services, and placement.
17. The DCS Specialist shall ensure that AFF report out on the status of the substance abuse treatment plan, as applicable.

18. The DCS Specialist shall fulfill action items agreed upon during CFT meetings in a timely manner and shall assist the CFT Facilitator as appropriate to follow-up on the commitments made by other team members to ensure accountability.

19. Throughout the CFT process, the DCS Specialist shall support parents, families and caregivers to have a voice on the team and to express their views, needs, and concerns.

20. The DCS Specialist shall attach meeting minutes, reviews of progress and CFT plans to court reports on a regular basis.

<table>
<thead>
<tr>
<th>D. Family Permanency</th>
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<tbody>
<tr>
<td><strong>RBHA Provider Responsibilities</strong></td>
</tr>
<tr>
<td>1. If the DCS plan is for family reunification, during the process of identifying the needs of the child and family, the CFT will outline any treatment elements necessary to achieve this aim. Efforts must be made to include the biological family/guardian involvement in service delivery for the child and coordination of services between adult and child systems in the case plan.</td>
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2. If visitations (or passes) are to occur during the provision of behavioral health services, the clinical team, as part of the CFT process, will identify therapeutic tasks that are to be part of this time that will assist the child and family with the transition back.

3. The CFT will ask for feedback from DCS and AFF as to the parent's progress in meeting DCS Case Plan goals and whether the parents are able to demonstrate that they have made the required behavioral changes.

4. To expedite reunification, the CFT will participate with DCS in reviewing timeliness of services and seeking to identify and eliminate any barriers to timely service delivery.

5. The CFT will actively participate in the DCS Child Specific Recruitment Plan when invited.

6. Concurrent planning will be discussed in the CFT and behavioral health providers will assist in supporting and, when possible and clinically appropriate, providing services to support the concurrent plan.

- DCS Specialists are to implement DCS Contracted Services timely and advocate for the timely implementation of AFF and RBHA Services. DCS Specialists will provide updates at the CFT as to the parent's progress in the case plan.
- Implement concurrent planning by involving birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor.
- DCS adoptions will invite the CFT participants to be part of the contracted Child Specific Recruitment Plan.

2. DCS will support efforts to coordinate service delivery for parents and children by including that coordination in the DCS Case Plan. DCS will make efforts to obtain necessary releases of information so adult and child providers may communicate about the needs of the parents and children and attempt to include the children and parents in family centered therapeutic services.

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<tr>
<th>E. Individual Service Planning (Individualized, Strength-Based Plans for Necessary Supports and Services)</th>
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<tbody>
<tr>
<td><strong>RBHA Provider Responsibilities</strong></td>
</tr>
<tr>
<td>1. Individual Service Planning</td>
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<tr>
<td>- The Individual Service Plan is used to identify and document service planning information.</td>
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</table>
- The Individual Service Plan objectives are to be reviewed at each meeting of the Child and Family Team and updated as newly identified needs and specific objectives are developed and added.
- The Individual Service Plan must be completed within 90 calendar days of the intake appointment.
- Individualized plans should be designed to accommodate the DCS goals without duplicating services to the child and family.

2. The Individual Service Plan shall include the child and family’s vision for the future, which shall be the focus for the development of goals in the plan.

3. The Behavioral Health Representative will coordinate, after releases of information have been obtained, services for the biological parents/guardians and include that coordination in the Individual Service Plan.

4. The Facilitator shall accommodate the needs of the DCS Specialist in the development of the DCS Case Plan. Any DCS Team Decision Making Plans should also be integrated into the plan.

5. Identified Needs, Goals and Specific Objectives
   - While the Facilitator or other team members may have suggestions for goals and objectives, the selection of goals and specific objectives is a decision made by the family and/or guardian.

   and Team Decision Making when developing and (updating) reviewing the DCS Case Plan.

2. The DCS Specialist will support and include coordination of the services for the child and biological parents/guardians into the DCS Case Plan.

3. The DCS Specialist shall support and assist the family and the Facilitator in developing the family’s vision for the future.

4. The DCS Specialist shall apprise the team of any significant changes such as court orders or emergency changes in placement as quickly as possible so they can be incorporated into planning processes and team membership decisions.

5. The DCS Specialist shall support and assist the Facilitator in identifying needs and developing goals and specific objectives. These should be developed to support the DCS Case Plan whenever possible.

5. The DCS Specialist shall support the Facilitator and the Child and Family Team to develop appropriate intervention to meet needs and specific objectives and may offer DCS resources when appropriate to meeting Child and Family Team goals and objectives.

7. The DCS Specialist shall conduct a case plan staffing and create the case plan with 60 days of the child’s initial removal from home.
Collaborative Protocol with Department of Child Safety

- When looking at goals and specific objectives, it may be helpful to review life domains such as: Housing, Work/Career, Education, Transportation, Financial Support, Social and Relational Skills, Leisure and Recreation, Activities of Daily Living, Behavioral Issues, Health Care, and Other.

6. Interventions to Meet Needs and Specific Objectives

- The team shall describe how each of the service needs or specific objectives will be met.
- The team identifies the method by which the specific objective will be measured so that it can be determined whether it was accomplished and develops the target date for completion.
- The team shall review progress on meeting specific objectives.
- Emergency meetings may need to be called from time to time if any crises arise or if the child or family request that a meeting be held.
- The team shall consider service or support changes when no progress is identified on plan objectives.

7. The Facilitator is responsible for creating an effective loop between the Individual Services Plan, its implementation, its effectiveness, and its modification when appropriate. The Facilitator will contact team members, offer reminders, and in other ways assist team members to follow-through on commitments.
8. Adjustments shall be made to the Individual Service Plan as additional issues arise, progress is made, or additional needs or solutions are identified. The Child and Family Team should continually monitor and adjust the Individual Service Plan as needed.

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

<table>
<thead>
<tr>
<th>F. Crisis and Support Planning</th>
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<tr>
<td><strong>RBHA Provider Responsibilities</strong></td>
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</table>
| 1. All Children determined to have high needs shall have a Crisis/Support Plan, which is to be developed at the beginning of the Child and Family Team process. There are generally three issues to be considered in Crisis/Support planning and they include:  
  - Predict- The team predicts what crises could occur and | 1. The DCS Specialist shall actively participate with the team in the development of a Crisis/Support Plan that can meet the goals of the RBHA and DCS to help the child maintain stability.  
  2. The DCS Specialist shall support implementation of the Crisis/Support Plan, including using options to address the crisis |
develops strength-based responses to the situations.

- Prevent - The team identifies the strength-based and culturally sensitive options that could prevent the identified crises from happening
- Plan - The team develops a plan for what will happen if the identified crisis occurs. Who calls who, what, when, and where?

2. Crisis/Support Plans will include a plan for calling and notifying team members and participating agencies when the Crisis/Support Plan does meet its objectives.

3. Adjustments may need to be made to the Crisis/Support Plan as additional issues arise, progress is made, or additional needs and solutions are identified. The Child and Family Team shall continually monitor and adjust the Crisis/Support Plan as needed.

G. Safety Planning (when determined to be needed by the team)

<table>
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<tr>
<th>RBHA Provider Responsibilities</th>
<th>DCS Responsibilities</th>
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<tr>
<td>1. RBHA Safety Plans are developed when solid evidence of significant past unsafe behavior of the child exists when the family and/or guardian feels that significant safety issues exist, or when there is evidence that unsafe behavior by others, including family members or people from the community, could be perpetrated on the child.</td>
<td>1. It is the responsibility of the DCS Specialist to develop a DCS Safety Plan for the child according to the required guidelines. This DCS Safety Plan shall be shared with the Child and Family Team.</td>
</tr>
<tr>
<td>2. Adjustments may need to be made to the Safety Plan as additional issues arise, progress is made, or additional needs</td>
<td>2. The DCS Safety Plan shall be incorporated into the RBHA Crisis Plan and shall be supported by the Child and Family Team.</td>
</tr>
<tr>
<td>as outlined in the plan. The DCS Specialist shall share the Crisis/Support Plan with other stakeholders and caregivers involved in the care of the child (e.g. education, childcare, etc.)</td>
<td>3. The DCS Safety Plan will address threats identified in the</td>
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and solutions are identified. The Child and Family Team shall continually monitor and adjust the RBHA Safety Plan as needed.

H. Cross-System Staff Training

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<thead>
<tr>
<th>RBHA Provider Responsibilities</th>
<th>DCS Responsibilities</th>
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<tr>
<td>1. The RBHA will outreach DCS to participate in the development and implementation of trainings for BH personnel, including RBHA and DCS co-facilitation of the Unique Needs of Children and Families Involved with Child Protective Services training.</td>
<td>1. DCS will invite RBHA and BH provider personnel as appropriate to participate in trainings offered by DCS to enhance knowledge and skills related to working with the population of children and families involved with DCS. Examples of such trainings include SENSE training for early childhood, and Permanency Roundtable training.</td>
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<tr>
<td>2. The RBHA will make online and classroom trainings available for community members, including DCS personnel, to register and participate free of charge.</td>
<td>2. DCS will encourage and support family members as training participants and/or co-trainers.</td>
</tr>
<tr>
<td>3. The RBHA will encourage and support family members as training participants and/or co-trainers.</td>
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I. Resolution of Coordination Issues

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<thead>
<tr>
<th>RBHA Responsibilities</th>
<th>DCS Responsibilities</th>
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<tr>
<td>1. The Facilitator shall coordinate with the DCS Specialist in preparation for the Child and Family Team Meetings.</td>
<td>1. The DCS Specialist shall coordinate with the Facilitator in preparation for the Child and Family Team Meetings. If emergency decisions (e.g., court order, potential disruption to placement, safety concern, or hospitalization) are made, the DCS Specialist shall notify the Facilitator as soon as possible.</td>
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<tr>
<td>2. If unable to reach a consensus, the Facilitator shall consult with their Supervisor in an attempt to seek resolution before using the formal chain of command.</td>
<td>2. DCS/CMDP Behavioral Health Unit, Behavioral Health</td>
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Collaborative Protocol with Department of Child Safety

<table>
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<tr>
<th>3. The Formal Chain of Command is:</th>
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<tbody>
<tr>
<td>=&gt; Facilitator to DCS Specialist</td>
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<tr>
<td>=&gt; Facilitator-Supervisor to DCS Program Supervisor</td>
</tr>
<tr>
<td>=&gt; Assigned Provider Liaison (other will director to other appropriate staff) to DCS Behavioral Health Clinical Coordinator</td>
</tr>
<tr>
<td>=&gt; Assigned provider Behavioral Health Clinical Director to DCS Program Manager</td>
</tr>
<tr>
<td>=&gt; Assigned Provider CEO to DCS Program Administrator</td>
</tr>
<tr>
<td>=&gt; Mercy Maricopa Children’s System of Care Administrator to DCS Program Administrator</td>
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</tbody>
</table>

*The Mercy Maricopa Child Welfare Single Point of contact may be contacted at: DCS@mercymaricopa.org for assistance at any level as appropriate.*

*DCS/CMFD Behavioral Health Unit Behavioral Health Coordinators and/or RBHA System of Care Coordination Team may get involved at any level as appropriate.*

4. If the issue cannot be resolved through the Mercy Maricopa Children’s System of Care Administrator the issue will be elevated to the Chief Clinical Officer for discussion with the DCS Program Administrator and final decision.

5. Time frames: Based on urgency of need, elevate to the next level.

| 3. Coordinators and/or RBHA System of Care Coordination Team may get involved at any level as appropriate. |

| 3. If unable to reach a consensus, the DCS Specialist shall consult with their Supervisor in an attempt to seek resolution before using the formal chain of command. |

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<tr>
<th>4. The Formal Chain of Command is:</th>
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<tr>
<td>=&gt; DCS Specialist to Facilitator</td>
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<tr>
<td>=&gt; DCS Program Supervisor to Facilitator Supervisor</td>
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<tr>
<td>=&gt; DCS Behavioral Clinical Coordinator to Assigned Provider Liaison (or will direct to other appropriate staff)</td>
</tr>
<tr>
<td>=&gt; DCS Program Manager to Assigned Provider Clinical Director</td>
</tr>
<tr>
<td>=&gt; DCS Program Administrator to Assigned Provider CEO</td>
</tr>
<tr>
<td>=&gt; DCS Program Administrator to Mercy Maricopa Children’s System of Care Administrator</td>
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</tbody>
</table>

*The Mercy Maricopa Child Welfare Single Point of contact may be contacted at: DCS@mercymaricopa.org for assistance at any level as appropriate.*

5. If the conflict cannot be resolved using this process, the issue will be elevated to the DCS Program Administrator for discussion with the Mercy Maricopa Chief Clinical Officer and final decision.
<table>
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<th>level.</th>
<th>6. Time frames: Based on urgency of need, escalate to the next level.</th>
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Mercy Maricopa Integrated Care Representative

Department of Child Safety Representative

Comprehensive Medical and Dental Program

Date

04-20-17

4-17-17

4-15-17