

583 – FAMILY INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL HEALTH SYSTEM

EFFECTIVE DATE: 04/29/24

APPROVAL DATE: 02/08/24

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service programs and is not a requirement for FFS providers. This Policy establishes requirements for the Contractor to ensure the System of Care has a culture that promotes meaningful family involvement at all levels.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy:

CHILD AND FAMILY TEAM (CFT)	CONTRACTOR	FAMILY-RUN ORGANIZATION
MEMBER	PROVIDER	

III. POLICY

This Policy establishes requirements for the Contractor to ensure a system of care that values family involvement, collaboration, advocacy, and engagement of families at all levels. A system that understands that the parent/primary caregiver holds vital information about the child, family history and culture. The child and parents/caregivers hold the keys to creating not just a service plan, but to successful treatment that provides the best chance for a child to achieve the goals set forth in the Arizona Vision (refer to AMPM Policy 580). The Contractor shall ensure that providers value the unique perspective and voice of parents’ as it relates to their child’s services and to the system as a whole.

A. FAMILY INVOLVEMENT IN A CHILD’S TREATMENT

1. The Contractor shall ensure:
 - a. Providers include family voice and needs in service plan objectives,
 - b. Providers consider each individual’s unique needs and strengths and develop a service plan utilizing a person-centered approach, refer to AMPM Policy 584 for information for youth engagement,
 - c. Providers understand that parents/caregivers are the first line of advocacy and intervention for their children. The provider’s ability to fully engage and collaborate with parents/caregivers is critical to positive outcomes,

- d. Providers are educated about:
 - i. The benefits of family support services,
 - ii. Best practices for family support and engagement,
 - iii. Removing barriers that prevent families from reaching out and connecting with available supports and services,
- e. Providers give parents/caregivers, the information and education on the availability of family support partners, and support groups at Family Run Organizations (FRO) at first contact and at every Child Family Team (CFT) thereafter,
- f. 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. In addition, the providers shall provide information regarding Credentialed Family Support Partner (CFSP) refer to AMPM Policy 964
- g. Providers offer to connect families to a family support partner or to a FRO for this support (refer to AMPM Policy 320-O) and,
 - i. Families have a voice and choice in the provider organization that provides family support and whether the provider has lived experience.
- h. Family have access to family support to assist with system navigation and can self-refer to a provider including FROs to receive this service,

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

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

- 1. The Contractor shall ensure:
 - a. Providers create substantive positions for family members that include appropriate professional development, training, and mentoring opportunities,
 - b. Providers create a pathway for professional growth, including a parent/caregiver workforce development plan,
 - c. Providers understand and create family work roles. Examples of family work roles include outreach, navigator, and community and family integration coordinator/consultant, etc., and
 - d. Family feedback regarding the Children’s System of Care is obtained in order to inform system and service delivery improvements.

2. The Contractor shall ensure the following for tracking and monitoring:
 - a. Providers develop a data driven annual plan of strategies to incorporate and sustain family involvement,
 - b. Providers utilize billing modifier, CG, for services provided by a CFSP and track outcomes related to services provided, and
 - 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 member’s needs are met.

C. TRAINING

1. The Contractor shall ensure:
 - a. Providers are trained on the requirements of this policy 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 (i.e., implicit bias),
 - 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 AMPM 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, and
 - g. Ongoing education of provider staff on the description of FRO and the support and services provided by FROs.