HCIC Response Regarding Access to Behavioral Health Services for Children Involved With the Department of Child Safety- May 2016

Health Choice Integrated Care (HCIC) is committed to providing thorough and timely behavioral health care to those individuals within the child welfare system in Northern Arizona. HCIC, Department of Child Safety (DCS) and Comprehensive Medical and Dental Program (CMDP) work cooperatively to ensure that necessary comprehensive behavioral health and acute care are being delivered for all their members. Children are enrolled in an HCIC behavioral health home which is responsible for the full continuum of services and the CFT process in order to ensure accountability and coordination of services.

Foster Family Forums:
HCIC held regional Foster Family forums to address the needs and to query foster families about their concerns navigating the behavioral health systems as well as to feel empowered while working with HCIC. These took place in Payson, Globe, Prescott, Flagstaff, and Kingman.

HCIC did a brief introduction presentation highlighting the RBHA system, services provided through the RBHA by our Providers, access to Crisis numbers and contact information for assistance whenever necessary. After the presentation, the opportunity was offered for any questions, comments and concerns from the participants.

Ongoing and Future Efforts:
We have quarterly process improvement meetings with local DCS representatives to identify issues and concerns and work to resolve them at a system level. We also host quarterly meetings with DCS and HCTC providers to address any concerns or questions. We have a streamlined 72 hour removal reporting and behavioral health assessment process across HCIC’s Greater Service Area in collaboration with DCS and Crisis Response Network. Through this system, we have ensured a trauma informed approach is being implemented during assessments. Children have access to immediate enrollment in behavioral health services. In addition, in order to provide timely 72 hour removal assessments for children out of area, we deliver additional technical assistance to our providers for requesting and completing out of area courtesy assessments.

Our Pediatric Check-Up Protocol ensures that a child’s health records and DCS removal notification are coordinated by HCIC with the child’s previous health plan, CMDP, DCS, the new PCP, and the behavioral health home. This process ensures that medical records, including immunizations, medications, allergies, etc. are promptly reported to the new PCP.

HCIC implemented a pilot program, Parent Support NOW, which is a parent-to-parent connection that provides support, education, and assistance for families involved with DCS. This project has been implemented in Kingman, specifically for 0-3 children removed from their home by DCS. The project has been so successful that there will be an expansion to the Bullhead City courts. Although there are only preliminary outcomes, the reunification time frames have decreased from twenty-four months to five months.

We have established an online DCS contact email which includes our Chief Clinical Officer, Children’s Services Administrator, Children’s Medical Director and DCS Liaison to tackle issues as they arise.

HCIC is committed to following HB2442. If a foster parent identifies that the child in their custody is in need of behavioral services, this child will be screened. If it is determined that the child needs additional behavioral health services then an initial behavioral health assessment will take place before 21 days from the time of the initial screening. We will be utilizing the HB2442 tracking spreadsheet to identify and track complaints concerning this population. HCIC assists both the health homes and the foster parents in accessing behavioral health services.

HCIC performs an annual needs assessment which includes behavioral health network deficiencies which particularly concern those members involved with DCS. We utilize this assessment in directing our network capacity and improving these needs by increasing accessibility to this particular population in the behavioral health system. The Children’s Medical Administrator from each RBHA will be meeting to learn from one another regarding specific challenges and solutions in relation to DCS/System of care issues.