

DBHS Practice Tool

SUPPORT AND REHABILITATION SERVICES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS



**Developed by the
Arizona Department of Health Services
Division of Behavioral Health Services
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Title

Support and Rehabilitation Services for children, adolescents and young adults.

Goal (What Do We Want to Achieve Through the Use of this Protocol?)

To enhance behavioral health outcomes for children and young adults by:

- Improving the integration of Support and Rehabilitation Services with Child and Family Team Practice.
- Clarifying the expectations regarding Support and Rehabilitation Service development
- Outlining Tribal and Regional Behavioral Health Authority (T/RHBA) responsibilities with respect to Support and Rehabilitation Services processes

Target Audience

T/RBHA representatives and their subcontracted network and provider agencies staff who are responsible for developing, providing or facilitating the integration of Support and Rehabilitation Services with Child and Family Team practice.

Target Population(s)

All Title XIX and XXI children, adolescents and young adults enrolled in the T/RBHA systems that require the use of Support and Rehabilitation Services.

Definitions

Child and Family Team – The Child and Family Team is a group of people that includes, at a minimum, the child and his/her family, foster/resource parents (if applicable), 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 family¹. This may include, for example, teachers, extended family members, friends, family support partners, peer to family support, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, community advocates and representatives from other service systems like Department of Child Safety (DCS), the Division of Developmental Disabilities (DDD) or the Juvenile Justice System. The size, scope and intensity of involvement of the CFT members are determined by the needs by the child and family, and by the anticipated involvement of individuals in developing and coordinating an effective service plan. The CFT may expand and contract as necessary to be successful on behalf of the child.

Culturally Competent Care – Children and their families receive services from all staff members that are effective, understandable, and respectful and are provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Community-Based Services – Services that are provided in the home and community rather than in offices or institutions. In addition, to fully be considered community-based services, they must be provided in partnership with the family and preserve the child's cultural and ethnic ties. Source: "Everything is normal until proven otherwise – a book about wraparound services" Dennis, K. & Lourie, I. (2006).

Support and Rehabilitation Services – Support and Rehabilitation Services are two categories of Medicaid covered services that behavioral health providers in Arizona may provide to enrolled children and their families. These services are sometimes known by other names, such as Direct Support Services, In-Home and Community-Based Support Services, Peer and Family-Delivered In-Home and Community –Based Support Services, or Wraparound Services.

¹ In the case of children who are legally dependent or delinquent, the custodial agency participates in the selection of team membership with the child and family.

Because there are potential differences between each of these terms, this protocol uses the name Support and Rehabilitation Services.

Support and Rehabilitation Services Provider – A behavioral health provider agency that delivers Support and Rehabilitation Services as defined above. There are two main types of Support and Rehabilitation Services providers:

Generalist Support and Rehabilitation Services Providers -- configure their program operations to the needs of the Child and Family Team without arbitrary limits on frequency, duration, type of service, age, gender, population or other factors associated with the delivery of Support and Rehabilitation Services.

Specialist Support and Rehabilitation Services Providers – provide either a limited scope of Support and Rehabilitation Services (such as primarily specializing in respite services or skills training services) and/or services that may be designed for a specific population, age, gender, frequency, duration or some other factor (such as a service specializing in working with teenagers or those with a history of displaying harmful sexual behaviors).

Background

When the ADHS/DBHS Covered Services array underwent a significant expansion in 2001, behavioral health providers had access to a range of enhanced service options that were designed to help deliver flexible, community-based care. As providers have developed and implemented some of these services, there have been a number of lessons learned at all levels of the system as to what must occur in order to expand the development of quality Support and Rehabilitation Services. As a result, ADHS/DBHS launched the Meet Me Where I Am Campaign (MMWIA) in March of 2007, with the intention of increasing the utilization and quality of Support and Rehabilitation Services available in Arizona's behavioral health system.

Support and Rehabilitation Services are often an essential part of community-based practice and culturally competent care, focused on helping children live successfully with their families and in the community. As Child and Family Team (CFT) practice continues to expand, the demand for increase in both quantity and quality of Support and Rehabilitation Services is anticipated. This protocol is designed to guide the development and use of Support and Rehabilitation Services in connection with CFT practice.

Recommended Process/Procedures

Service Development – Each T/RBHA is responsible for developing sufficient Support and Rehabilitation Service capacity to meet the behavioral health needs of youth and families identified in their Child and Family Teams. The Meet Me Where I Am campaign provides limited additional funding to help increase the amount of Support and Rehabilitation Services in each T/RBHA. However, capacity development of Support and Rehabilitation Services must not depend solely upon the use of these funds. Each T/RBHA should ensure that the following occurs in relation to service development:

- CFTs have access to a balance of both Generalist and Specialists Support and Rehabilitation Services.
- CFT facilitators and families are aware of the value of Support and Rehabilitation Services as well as specific and current information regarding the different provider options available in their area.
- The T/RBHA adopts a Support and Rehabilitation Services system structure model that outlines how Support and Rehabilitation Services will be structured in their region in relation to other behavioral health services and providers (see [Module 9: "System and](#)

[Program Models for Support and Rehabilitation Services Provision](#)” of the MMWIA modules for more information).

- A sufficient amount of Support and Rehabilitation Services are available to meet the behavioral health needs of youth and families as identified in their CFTs.

Integrating Support and Rehabilitation Services with CFT Practice – The Child and Family Team completes the following tasks when planning and arranging for Support and Rehabilitation Services (see [Module 4: “Assessing, Coordinating and Monitoring Support Services through the CFT”](#) of the MMWIA modules for detailed information about each task):

1. Assess the underlying needs of the child/family and considers the various options presented through Support and Rehabilitation Services for meeting those needs. These options may include family, natural and community resources, resources of other involved stakeholder agencies (such as DCS, DDD, family-run support or advocacy organizations, etc.) as well as paid behavioral health resources. The CFT determines which of the identified needs will be met through behavioral health Support and Rehabilitation Services and documents these interventions in a service plan (See [ADHS/DBHS Policy and Procedures Manual Chapter 100 Policy 105 Service Planning](#)).
2. Locate and select Support and Rehabilitation Services provider(s) to help implement the plan. Use information provided by the T/RBHA to do the following:
 - a. Determine which Support and Rehabilitation Services providers may meet the needs identified;
 - b. Determine whether those providers have current capacity;
 - c. Make an official referral to the selected provider(s).
3. Work with the Support and Rehabilitation Services provider(s) to define their roles and tasks, specifying the anticipated frequency and duration associated with the Support and Rehabilitation Services requested (See [ADHS/DBHS Policy and Procedures Manual Chapter 100 Policy 102 Appointment Standards and Timeliness of Services](#)). The CFT ensures that this information is recorded in the service plan and that the Support and Rehabilitation Services provider(s) promptly receives a copy of the plan. If unplanned services are needed due to crisis situations, the Team notes this change in the service plan so that the Support and Rehabilitation Services provider is authorized to respond with additional support when needed.
4. Coordinate effectively with the Support and Rehabilitation Services provider(s) on an ongoing basis. This may be accomplished through Child and Family Team meetings directly as well as through regular communication with the Support and Rehabilitation Services provider. The CFT Facilitator/case manager sends the Support and Rehabilitation Services provider a complete Referral Packet which includes copies of any updated assessments, service plans, notice of change to funding status, and other important documents whenever updates occur.
5. It is important to differentiate between and document effectively the various Support and Rehabilitation Services provided. [Module 1: “Overview of Support and Rehabilitation Service Provision”](#) of the MMWIA modules provides several appendices intended to assist with code differentiation and billing limitations of Support and Rehabilitation Services.
6. Monitor progress and adjust the Support and Rehabilitation Services provision as necessary. The CFT, which includes the Support and Rehabilitation Services provider, makes adjustments to the authorized Support and Rehabilitation Services, including their type, and anticipated frequency and duration, and documents any changes in the service plan. CFTs meet regularly and make needed adjustments to the Support and Rehabilitation Services provided, both when services are successful and when they are not achieving the desired results.

7. All support and Rehabilitation Services should be provided using a Positive Behavior Support philosophy. [Module 3: "Using Positive Behavior Support to Provide Effective Support and Rehabilitation Services"](#) of the MMWIA modules contains information regarding this type of approach. It is intended as a meta-theory to guide Support and Rehabilitation Services provision rather than as a specific type of program. Some programs labeled as Positive Behavior Support have evolved into rigid programming practices that focus more on behavior analysis than positive support. It is not the intent of ADHS/DBHS to prescribe specific programming practices, but rather to endorse the principles underlying Positive Behavior Support, such as focus on strengths, enhancing quality of life and eliminating coercive approaches.
8. Discontinue the formal Support and Rehabilitation Service delivery when appropriate, ensuring that the youth and family have been connected to community resources or services and natural support services that will provide ongoing support. (See [MMWIA Module 4: "Assessing, Coordinating and Monitoring Support Services through the CFT"](#) for more information about when it may be appropriate to end Support and Rehabilitation Services as well as suggestions for transition from these services).

T/RBHA Responsibilities Regarding Support and Rehabilitation Services Processes

1. T/RBHAs are responsible for maintaining and making available to the Child and Family Team, current and accurate information regarding Support and Rehabilitation Services providers and their current capacity/availability to provide support.
2. T/RBHAs should ensure that Support and Rehabilitation Services providers use a standardized referral process that helps providers receive, store, track, and respond officially to all referrals received from CFT facilitators/case managers.
3. In order to better assess the need for increased Support and Rehabilitation Services capacity, T/RBHAs monitor information from CFT Facilitators/case managers who are unable to locate Support and Rehabilitation Services requested by the CFT in a timely manner. Information gathered may include the date of the request(s), number of providers approached, the type and/or amount of Support and Rehabilitation Services sought by the team, and what the team did as an alternative to address the needs of the youth and family.
Capacity should be considered when T/RBHAs prepare their Annual Network Development Plans, with goals to increase capacity as gaps are identified.
4. T/RBHAs should ensure that a process is established whereby Support and Rehabilitation Services providers receive in a timely manner copies of any and all of the following documents each time they are updated (Support and Rehabilitation Services providers need these for quality service provision as well as data validation audits):
 - a. ADHS/DBHS Assessments and addenda
 - b. ADHS/DBHS Review of Progress forms
 - c. ADHS/DBHS Service Plan Documents
 - d. Data demographic forms
 - e. Crisis/Safety Plans
 - f. Strengths, Needs and Culture Discoveries
 - g. Child and Family Team Notes (if separate from the above items)
5. T/RBHAs should ensure that procedures are in place to require Support and Rehabilitation Services providers to do the following:
 - a. Respond to referrals in a timely manner
 - b. Participate actively in Child and Family Teams (as desired by the

- family/guardians)
 - c. Provide information regarding service delivery as it relates to established child/family goals
 - d. Provide training and supervision necessary to help staff members provide effective Support and Rehabilitation Service as outlined by the CFT
6. T/RBHAs should develop a process to ensure that when children and families are receiving intense Support and Rehabilitation Services or are receiving them for an extended period of time, the usage of services is reviewed periodically to ensure the T/RBHA's Support and Rehabilitation Services resources are being used effectively. Such review should be done in person with the Child and Family Team rather than outside of the team, and the individual factors requiring the utilization of Support and Rehabilitation Services identified by the team as being important to the success of the family must be considered.
7. T/RBHAs should develop processes to track outcomes of Support and Rehabilitation Services both qualitatively (such as narrative success stories) and quantitatively (such as outcome data).

Training and Supervision Recommendations

This Practice Tool applies to T/RBHAs and their subcontracted network and provider agencies for all behavioral health representatives who have direct contact with or provide services to children, adolescents and their families. Each T/RBHA shall establish their own process for ensuring all agency clinical and support services staff working with children and adolescents understands the elements for development and use of Support and Rehabilitation Services as outlined in this document through formal training as noted here and required reading of this Tool.

A number of training resources have been developed as part of the Meet Me Where I Am Campaign to assist families, providers and community members in using Support and Rehabilitation Services effectively. Specifically, 9 self-guided training modules/toolkits are available for any individuals or agencies across the state that participate in CFTs. These modules may be accessed at www.mmwia.com.

Each T/RBHA is required to provide documentation, upon request from ADHS, demonstrating that all required network and provider agency staff have been trained on the elements contained in this Tool. Whenever this Practice Tool or the attendant training modules are updated or revised, T/RBHAs must ensure their subcontracted network and provider agencies are notified and required staff are retrained as necessary on the changes.

Supervision regarding implementation of this Tool is to be incorporated into other supervision processes which the T/RBHA and their subcontracted network and provider agencies have in place for direct care clinical staff, in alignment with [Arizona Administrative Code Title 9, Chapter 10, Article 1, Section 114](#) (R9-10-114) Behavioral Health Paraprofessionals; Behavioral Health Technicians.

Anticipated Outcomes

The following outcomes are anticipated as Support and Rehabilitation Services are used effectively in combination with CFT practice across the state:

- 1) Increased number of children who are living successfully at home with their families or in their community;
- 2) Improved functional outcomes for children such as academic success, avoiding delinquency and becoming stable and productive adults;
- 3) Children and families will reach goals they set with their Child and Family Teams regarding behavioral health needs, including improvement in challenging behavioral and relational areas;

- 4) Effective integration of Support and Rehabilitation Services with Child and Family Team practice in accordance with the 12 Arizona Principles.

Support and Rehabilitation Services Desktop Guide

• Key elements to remember about this best practice:

- Y Support and Rehabilitation Services are a key resource for helping youth live successfully with their families or in their community
- Y All Support and Rehabilitation Services, whether of a Generalist or Specialist approach, should be provided in as flexible a manner as possible and allow the Child and Family Team the freedom to configure service interventions. While some evidence-based specialty Support and Rehabilitation Services may specify certain approaches, frequencies or durations, in absence of such, all services should be flexibly tailored by the team in response to the needs of the child/family.
- Y Support and Rehabilitation services should be delivered using a positive behavior support approach
- Y Documentation should effectively address the various Support and Rehabilitation Services provided.
- Y Documentation needs to flow between agencies to ensure good service delivery
- Y T/RBHAs should ensure sufficient capacity of quality support and rehabilitation services within their network of providers
- Y T/RBHAs should ensure that CFTs have ongoing access to current information about provider availability
- Y T/RBHAs should ensure that Direct Support Providers and Behavioral Health Agency staff have access to the 9 Modules available on www.mmwia.com and that this training resource is being utilized.
- Y The guidelines in this Tool are intended to allow flexibility to be tailored creatively for use in each geographic region of the state. While certain processes are expected, as outlined in this Tool, they are to be developed by and customized to each region.

• Benefits of using this best practice:

- Y Child and Family Team practice will integrate effectively with Support and Rehabilitation Services provision, with CFTs operating at the helm of Support and Rehabilitation Services provision.
- Y Both Support and Rehabilitation Services providers and comprehensive service providers will have the documentation needed to support the Support and Rehabilitation Services provided.
- Y Children and families will benefit from improved outcomes such as living at home/in the community, enhancing academic achievement, avoiding delinquency, and becoming a stable and productive adult.
- Y Youth in Arizona will experience a higher quality of life, which will result in increased likelihood of obtaining their goals and visions.