585 – THE UNIQUE NEEDS OF CHILDREN, YOUTH, AND FAMILIES INVOLVED WITH DEPARTMENT OF CHILD SAFETY (DCS)

EFFECTIVE DATE: 04/29/24

APPROVAL DATE: 02/29/24

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 intends to provide an understanding of the unique needs of children involved with the Department of Child Safety (DCS) and to provide guidance to Child and Family Teams (CFTs) responding to those needs by outlining the clinical considerations for serving children involved with DCS, their families, and other caregivers.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy including:

CHILD AND FAMILY TEAM (CFT)	**CONTRACTOR**	**DEPARTMENT OF CHILD SAFETY (DCS)**
GENERAL MENTAL HEALTH/SUBSTANCE USE (GMH/SU)	**HEALTHCARE DECISION MAKER (HCDM)**	**MEMBER**
RAPID RESPONSE	**SERIOUS MENTAL ILLNESS (SMI)**	**SERVICE PLAN**
TEAM DECISION MAKING (TDM)		

III. POLICY

The mission of the child welfare system and DCS is to ensure children experience safety, permanency, and wellbeing. The Contractor shall ensure this mission is supported through strong partnerships between DCS and behavioral health providers to provide prompt behavioral health assessment, treatment, and services to increase protective factors and reduce impact of risk factors.

The Contractor and their contracted providers are expected to take a wholistic approach to recognize and appropriately address the unique needs of children, youth and families involved with DCS through the Child and Family Teams (CFT) practice as outlined in AMPM Policy 580.

A. PROCEDURES

The Contractor shall ensure the requirements of this Policy are implemented by their subcontracted network of providers when working with children, youth, and families involved with DCS.

1. Working in Partnership

   The Contractor shall ensure that providers work collaboratively with partner agencies through a unified service planning process that upholds the Arizona Vision and 12 Principles for Children Service Delivery (refer to AMPM Policy 580).
   Partner agencies may include:
   a. All Government family-serving agencies,
   b. Behavioral health providers,
   c. Department of Child Safety (DCS),
   d. Juvenile justice,
   e. Division of Developmental Disabilities (DDD),
   f. Education system,
   g. Pediatricians,
   h. Day care providers,
   i. Community resources, and
   j. Other service providers.

2. The CFT provides the platform for unified assessment, service planning, and delivery based on the individual needs of the children and family. The CFT will strive to fully understand the unique needs of each child and family. An integrated service plan including all partner agencies involved with the child will be developed by the CFT and jointly implemented. CFT members will align efforts in support of the child welfare case plan.

   The Contractor shall ensure that their contracted providers support the goal of the case plan by:
   a. Establishing a CFT to identify and describe the strengths, needs, and important cultural considerations of the child and family,
   b. Using the CFT to assess clinical risks, symptoms, and behaviors indicating a need for extended assessment or more intensive treatment services for both children and adults,
   c. Using the CFT to develop a service plan, safety plan, and to present recommendations and options to the court as appropriate, and
   d. Furnishing information and reports about the provision of behavioral health services to partner agencies, including DCS and the juvenile court.

3. Timely Service Delivery

   The removal of a child from the home to the protective custody of DCS is an urgent behavioral health situation. The Contractor shall ensure timely provision of all behavioral health services including an Integrated Rapid Response and ongoing behavioral services, as specified in ACOM Policy 417 and AMPM Policy 541. Also, DCS may refer to behavioral health providers, as part of an in-home intervention plan to support the family and prevent removal. A.R.S. § 8-512.01, also known as Jacob's Law, and ACOM Policy 449 were established to ensure timely provision of behavioral health services to children in out-of-home dependency with DCS and adopted children. For children under the age of three and their siblings, A.R.S. § 8-113, 8-824, 8-829, 8-847, 8-862 reduces the time in care requirement to six months; this highlights the need for timely behavioral health services as part of the reunification plan through DCS.

4. Addressing Needs in the Context of Each Child's Family

   The Contractor shall ensure the unique needs of children and youth are addressed within the context of each child's family. The circumstances that lead to involvement by DCS and/or the trauma created by family separation can be expected to create needs for most children and families. Together, DCS, the behavioral health provider and other involved agencies will work with the family to explore opportunities where services and supports can be applied to meet the needs of the family. This may be accomplished through a comprehensive assessment that identifies the family's unique strengths and natural supports that can fortify the child's abilities to cope with problems and adapt to change. Needs identified in the assessment will result in referral(s) and/or resources, as agreed to by the Health Care Decision Maker (HCDM), that support both the child and family.

   Families will be supported through the CFT process with covered behavioral health services and/or interventions such as respite, family support, peer support, living skills training, and/or family counseling to address the child and family's needs. Services will be provided to the parent(s), when they are consented to and necessary, to address the needs. This may require connecting parents to their own behavioral health services if applicable.

   If the child is placed with temporary caregivers (e.g., Kinship, out-of-home placement or foster parents), behavioral health services will support the child's stability with those caregivers by:
   a. Addressing the child's needs,
   b. Identifying any risk factors for placement disruption and providing support to minimize the risk,
   c. Anticipating crises that might develop and indicating specific strategies to be employed if a crisis occurs,
   d. Identifying additional supports as needed, and providing referrals and/or connection to community resources,
   e. Coordinating and integrating the service and supports provided to all family members to optimize success of the family unit, and
   f. Anticipating and planning for transitions in the child's life that may create additional stressors, such as changing schools or transitioning to a permanent family living situation.

5. In-home Dependency

   Children involved with DCS often live in family homes where DCS is actively monitoring identified concerns relating to safety, security, or basic needs. In these situations, adults and siblings living in the home may be the primary focus of the behavioral health providers involvement through provision of treatment and support services to parents that also reduces risks to the children. Service providers working with families who are involved with DCS will be trained in common emotional responses of children that may indicate a need for further assessment, updated service planning, and/or referral.

   Behavioral health providers will assess the need for involvement in primary health care, special education, and/or developmental disabilities systems. The Contractor shall ensure that providers furnish services to address critical needs, as part of a collaborative intervention with DCS, the juvenile court, and other partner agencies.

   The Contractor shall ensure the provision of covered behavioral health services identified and recommended by the CFT that address the needs, including coordination with services for parents. Parents will be supported and provided with tools to learn how to support their own wellness journey as well as their child's unique needs. All services and supports needed to minimize the risk of removing the child from the home are to be implemented immediately and any barriers to immediate implementation shall be escalated by the CFT to the Contractor for assistance.

6. Out-Of-Home Placement by DCS

   A team decision making meeting will be scheduled by DCS when there is consideration of removal of a child or when removal has occurred. Contractors shall ensure that behavioral health providers participate in these meetings as allowed by DCS to provide insight into the behavioral health system and the services that may be provided to the child, family and/or relatives.

   The assessment process begins with the Integrated Rapid Response and can continue for up to 45 days to accurately identify any emerging behavioral health treatment needs that are not immediately apparent following the child's removal. When children are placed in DCS custody, the Contractor shall ensure the child and family be referred for ongoing behavioral health services for a period of at least six months unless services are refused by the HCDM, or the child is no longer in DCS custody.
   a. The Contractor shall ensure that children in out-of-home placement who do not initially demonstrate behavioral health symptoms have access to therapeutic intervention, including family-focused services to:
      i. Monitor for any potential effects of their removal,
      ii. Support placement stability, and
      iii. Support the DCS permanency and/or reunification plan.

The CFT will support familial relationships, such as visitations with their siblings and other members of their family of removal as arranged by DCS. The CFT will work collaboratively with DCS Specialist to identify opportunities for therapeutic support during episodes of visitation and other family contact and to promote practicing the new skills and behaviors that successful reunification requires.

b. The Contractor shall ensure:
   i. Families will experience well-integrated coordination, and clear communication beginning immediately upon placement of the child through activities required in ACOM Policy 417 and an initial CFT meeting that occurs within 21 days of Integrated Rapid Response,
   ii. Providers will assist out of home caregivers to better understand each child's adjustment, how to respond to the coping mechanisms the child may demonstrate in their new situation, and how to seek outside assistance and/or recommendations to support any treatment,
   iii. Providers will engage caregivers from the family of removal to and assist them to actively participate in assessment, service planning, and delivery processes for their children and themselves, and
   iv. The service plan addresses the needs of all the parties involved, to include offering family support services to placement, family of removal, and supportive caregivers.

7. Family Reunification

The Contractor shall ensure that providers support all involved parties and provide education to promote understanding of how to optimize the transition process according to the child's age, developmental level, and specific circumstances, to aide in successful family reunification.

The Contractor shall ensure that providers:

a. Create a plan that accounts for common clinical concerns associated with reunification:
   i. Issues relating to neglect, abuse, abandonment, fear, and mistrust may resurface, and
   ii. Traumatic stress symptoms can be triggered by re-exposure to the home environment.
b. Focus on preparing both the child and the family for reunification by ensuring appropriate Service Plans and safety plans are in place as needed,
c. Continue assessment and individualized planning throughout the period of reunification, and
d. Work collaboratively with child welfare professionals to promote:
   i. A strong recovery environment for the family,
   ii. A supportive environment that reduces shame and guilt,
   iii. Family engagement,
   iv. Prioritization of the child and family's needs, and
   v. Permanency.

8. Permanency through Adoption or Guardianship

The Contractor shall ensure their subcontracted network of providers are well trained regarding:

a. The conflicting feelings that adopted children may experience as a result of adoption,
b. The unique clinical implications of the loss of natural parents, extended family and/or cultural heritage,

c. That children and families need continued support following adoption or guardianship to prevent future removals or disruptions,
d. How to best support children that have achieved permanency through adoption or guardianship,
e. The behavioral health provider will ensure that the child and their new family can have positive connections to the child's past, and
f. The CFT should continue involving safe people from the child's family of origin or past support system, in the ongoing planning and treatment process, as much as possible.

9. Special Considerations for Infants, Toddlers, and Preschool-Aged Children

The Contractor shall ensure behavioral health providers contribute to the well-being of infants, toddlers, and young children by adhering to AMPM Policy 581 which supports a holistic perspective.

The Contractor shall ensure their subcontracted network of providers screen and assess for signs and symptoms that arise out of either medical conditions or exposure to adverse events or trauma (e.g., speech delays, sensory challenges, secondary effects of maternal substance abuse) that have an impact on a child's social and emotional development. For children below age three, the Contractor shall ensure providers initiate referrals for early intervention services to Arizona Early Intervention Program (AzEIP) when indicated by developmental screenings, and work closely with family members, pediatricians, and AzEIP to address these needs.

10. Preparing the youth for independent living

Behavioral health service needs of children reaching the age of majority while in protective state custody can be multi-dimensional. The Contractor shall ensure that their subcontracted network of providers identify individuals that continue to have behavioral health needs and ensure that these needs are addressed through enrollment in services for adult General Mental Health/Substance Use (GMH/SU), or Serious Mental Illness (SMI).

a. The Contractor shall ensure that their subcontracted network of providers plans for the following:
    i. Transitional financial assistance (including but not limited to DCS independent living subsidy),
    ii. Budget management skills
    iii. Self-care and independent living skills
    iv. Physical healthcare
    v. Legal considerations
    vi. Transportation
    vii. Optional participation in the Young Adult Program through DCS,
    viii. Locating and securing housing,
    ix. Connecting to a first job, and/or
    x. Beginning pursuit of higher education.
b. The Contractor shall ensure that behavioral health providers work in collaboration with DCS Specialists to:
    i. Respond quickly to meet any identified behavioral health needs,
    ii. Solicit input from the youth to determine their needs,

iii. Involve the youth's support system,
iv. Plan adequately to address their needs,
v. Stay involved in their lives, and
vi. Help them transition to adulthood by teaching them the skills they need to thrive and to meet their ongoing needs, including behavioral health issues that may continue into adulthood, or which may emerge over time.

The Contractor shall ensure providers begin planning for the transition to adulthood at age 16 and follow required transition planning activities outlined in AMPM Policy 587.

B. TRAINING AND SUPERVISION EXPECTATIONS

The Contractor shall establish policy and procedure for ensuring all clinical and support services staff working with children and adolescents understand the required service expectations and implement the required elements outlined in this Policy. The Contractor shall ensure that their subcontracted network of providers are trained in the information presented in this Policy. In addition to this Policy, a training curriculum of the same title was developed jointly by DCS and Behavioral Health. This training is required in the behavioral health system for all staff working with children.