

**Collaborative Protocol
Between Magellan Health Services and Child Protective Services (CPS)**

Effective 9/1/2007

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**Roles and Responsibilities in the Coordination of Child and Family Team Process
Regional Behavioral Health Authority (RBHA) and Child Protective Services (CPS)**

The RBHA and CPS 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 RBHA and CPS 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
- reflects the family's voice

CPS and the RBHA shall work in collaboration on behalf of children for whom CPS has custody and the responsibility to protect the child's safety and well-being. The CPS Case Manager has the responsibility for assessing whether involvement of each family member would compromise the safety or well-being of the child and is contrary to the child's best interest and determining the level of involvement of each family member based on that assessment. The CPS Case Manager must be consulted prior to the family and the RBHA establishing membership in the Child and Family Team process.

CPS and the RBHA 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.

Intake and Assessment

RBHA Responsibilities	CPS Responsibilities
<ol style="list-style-type: none"> 1. Upon referral from CPS, the RBHA shall complete a Comprehensive Assessment of the child and shall focus on immediate presenting behavioral health needs. This will include a determination of the immediate needs of the child and family and address trauma issues such as grief and loss. 2. The assessment process is the first major operational element that will take place in the Child and Family Team Process. The Division of Behavioral Health Services' Comprehensive Assessment Process (and related forms) shall be used. This process will provide information that includes: <ul style="list-style-type: none"> ▪ Core Assessment <ul style="list-style-type: none"> ⇒ The core assessment includes: Presenting Concerns, Behavioral Health and Medical Questionnaire, Criminal Justice, Substance Related Disorders, Abuse/Sexual Risk Behavior, Risk Assessment, Mental Status Exam, Clinical Formulation and Diagnoses, Next Steps/Interim Service Plan 	<ol style="list-style-type: none"> 1. When a child is removed from home, CPS shall utilize the RBHA Rapid Response process (aka Urgent Response), or co-location 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. CPS shall immediately complete the CHILDS legal and removal status screens to alert Comprehensive and Medical and Dental Program. 2. When a child is located in juvenile detention or out-of-home placement at the time of referral to the RBHA, CPS shall follow the co-location referral process as determined at each co-location site or refer directly to the Provider Network Organization (PNO). 3. When a child is referred to the RBHA, the Division of Behavioral Health Services' Comprehensive Assessment shall be completed. The CPS Case Manager shall provide as much information as possible to the RBHA in support of this assessment. CPS shall participate in the Child and Family Team Process starting with this referral and assessment. 4. After a referral has been made through the Rapid Response system, CPS shall provide the RBHA a CPS contact person within 1 working day.

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RBHA Responsibilities	CPS Responsibilities
<ul style="list-style-type: none"> ▪ Addenda <ul style="list-style-type: none"> ⇒ The addenda includes: Living Environment, Family Community Involvement, Educational/Vocational Training, Employment (for those 16 years and older), Developmental History, Criminal Justice (for people with legal involvement only), Seriously Mentally Ill Determination (for people who request SMI determination and are at least 17 years old), CPS (use for 24-hour urgent response for children removed by CPS). The relevant addenda are completed within 45 days of intake by the Qualified Service Provider (QSP). 3. Once identified, the RBHA Rapid Response unit will notify CPS of the Behavioral Health Representative assigned to the Child and Family Team. 4. The RBHA shall ask CPS if there are any court orders (e.g., no contact orders) that affect the child or the establishment of a Child and Family Team. This should be part of the CPS (Comprehensive Assessment) addendum. 5. RBHA shall require any court orders or notification of other issues that may affect treatment and service planning for this child. 6. The Next Steps/Interim Service Plan is the first opportunity to identify initial needs, deal with any crisis that may exist, and develop the next steps to meet these needs in an Interim Service Plan. The child and family's participation in developing this plan is essential. When CPS is involved, they shall be consulted as to family involvement. Family support assistance at this point will also be helpful to the family. 7. The Facilitator/Behavioral Health Representative makes early assessment information regarding the child and family's behavioral health needs available to the CPS Case Manager as may be required for the Preliminary Protective Hearing. 8. During the initial assessment, in collaboration with the CPS Case Manager, the RBHA (assessor or Facilitator/Behavioral Health Representative) shall: <ul style="list-style-type: none"> ▪ determine the status of the family of origin and resource parents and understand their on-going role with the child 	<ul style="list-style-type: none"> 5. CPS shall inform the RBHA as to any court orders or other issues that may affect treatment and service planning for this child. 6. The assessment includes the development of Next Steps/Interim Service Plan. The CPS Case Manager shall participate in the development of this plan so the immediate needs of the child can be met. 7. The CPS Case Manager shall incorporate recommendations from the Rapid Response team and the Comprehensive Assessment into the initial CPS case plan. 8. The Preliminary Protective Hearing in court is held within 5-7 days after removal. The CPS Case Manager presents the Comprehensive Assessment to the court with recommendations about the behavioral health needs of the child/family.9. The CPS Case Manager shall notify the Facilitator of any contemplated or actual changes in the child's placement (e.g., from shelter to foster family) immediately to support continuity of RBHA services. 10. Ongoing cases not previously referred through Rapid Response shall be referred to the RBHA through the customer service line at 1-800-564-5465 or through the co-location referral process as determined in each co-location site.

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<ul style="list-style-type: none"> ▪ structure communication channels with the CPS Case Manager related to the birth family, the court, resource family and others as appropriate ▪ discuss with the CPS Case Manager any possible movement of the child within the first 5-7 days. <p>9. The RBHA shall verify the child's enrollment status and Title XIX eligibility. Assessment, intervention, and support are provided no matter the results of the verification efforts if the child is already enrolled. Presumptive eligibility may be a factor to consider for children not enrolled.</p>	

Child and Family Team Meeting, Preparation and Oversight of Service Provision

RBHA Responsibilities	CPS Responsibilities
<p>1. Preparation for engagement with the family and other system stakeholders.</p> <ul style="list-style-type: none"> ▪ Prior to engagement with the child, family, or other system stakeholders, the Facilitator/Behavioral Health Representative shall review the case to determine if there is CPS involvement with this child and family and if CPS has legal custody. ▪ If the child is not in CPS custody, the Facilitator/Behavioral Health Representative shall defer to the legal guardian. ▪ If there is involvement with CPS, the Facilitator/Behavioral Health Representative shall provide the CPS Case Manager with information regarding the prior history with behavioral health, including services and outcomes of those services. ▪ The Facilitator/Behavioral Health Representative shall then perform a number of information gathering tasks to develop a working partnership with the CPS Case Manager. The information needed from CPS includes: <ul style="list-style-type: none"> ⇒ The current Mental Health and/or stabilization needs 	<p>1. Preparation for engagement with the family and other system stakeholders.</p> <ul style="list-style-type: none"> ▪ If a referral to the RBHA has been made, or there is current involvement, the CPS Case Manager shall provide the following information to the Facilitator: <ul style="list-style-type: none"> ⇒ The current Mental Health and/or stabilization needs ⇒ Written documents such as psychological or psychiatric evaluations ⇒ The child's current CPS permanency goal and concurrent goal, if applicable ⇒ The outcome of any previous placement options for the child ⇒ Discuss any potential members for the Child and Family Team that may be helpful to the child, those who might be contrary to the child's best interest, including explanations and a possible alternative method of participation that could be developed.

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<ul style="list-style-type: none"> ⇒ The child's current CPS permanency goal and concurrent goal, if applicable ⇒ The outcome of any previous placement options ⇒ Suggestions for potential members of the Child and Family Team that may be helpful to the child, and those who might be contrary to the child's best interest will need to be explored ⇒ A description of what it would take to prevent or dismiss a dependency in this situation ⇒ An explanation of investigation findings including risk and safety factors ⇒ A description of placement options that have already been considered by CPS and have been ruled out as options at this point ⇒ CPS and RBHA files or records that could be shared ⇒ Any other issues that are important to understand at this point in the case including potential barriers, bottom line requirements, and/or mandates that pertain to this case. ⇒ Any information that is important to understand and respect spiritual and cultural beliefs. <p><i>Note: CPSCR/CHILDS prior report information is not to be disseminated to the team or others by the RBHA.</i></p>	<p>Guidelines from Chapter 9, Section 1 and Chapter 6 of DCYF policy shall be followed. A description of what it would take to prevent or dismiss a dependency in this situation shall also be provided, where applicable.</p> <ul style="list-style-type: none"> ⇒ The CPS Case Manager shall invite CFT members to Team Decision Making and/or Family Group Decision Making meetings. ⇒ An explanation of investigation findings including risk and safety factors ⇒ Information regarding prior investigations, including substantiated reports and the last 2 years of unsubstantiated reports. <i>CPSCR/CHILDS prior report information is not to be disseminated to the team or others by the RBHA.</i> ⇒ A description of placement options that have already been considered by CPS and have been ruled out as options at this point and the reasons they were ruled out, if applicable. Chapter 6, Section 6 concerning Kinship placement shall be followed. ⇒ CPS and RBHA files or records that could be shared ⇒ Any other issues that are important to understand at this point in the case including potential barriers, bottom line requirements and/or mandates that pertain to this case. ⇒ Any information that is important to understand and respect spiritual and cultural beliefs.
<p>2. Preparation for the Child and Family Team Meeting</p> <ul style="list-style-type: none"> ▪ Prior to the meeting, the Facilitator/Behavioral Health Representative shall discuss with the CPS Case Manager as necessary the focus of the meeting, which is determining the needs of the child and family, review ground rules, and clarify roles and responsibilities for the meeting. ▪ If the family is involved with the team, connect with the family to 	<p>2. Preparation for the Child and Family Team Meeting</p> <ul style="list-style-type: none"> ▪ Prior to the meeting, the CPS Case Manager shall discuss with the Facilitator as necessary the focus of the meeting, which is determining the needs of the child and family, review ground rules, and clarify roles and responsibilities for the meeting. <p>3. Oversight of service provision, follow-up on assignments, identification of barriers, and barrier resolution.</p>

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RBHA Responsibilities	CPS Responsibilities
<p>review the areas on which they wish to focus during the meeting and establish ground rules for the meeting that are important to the family.</p> <ul style="list-style-type: none"> ▪ Secure a meeting space for the Child and Family Team meeting that is convenient and comfortable for the family. Ensure that transportation, child care, and interpreter services are available if needed. ▪ Invite members of the Child and Family Team, including informal supports and system partner representatives. <p>3. Oversight of service provision, follow-up on assignments, identification of barriers, and barrier resolution.</p> <ul style="list-style-type: none"> ▪ The Facilitator/Behavioral Health Representative of the Child and Family Team must oversee the implementation of the Individual Service Plan by the Provider Network Organization (PNO) or the Qualified Service Provider (QSP) and works with the team to ensure that the behavioral health system provides the supports and services identified. ▪ The Facilitator/Behavioral Health Representative shall encourage team members to complete their responsibilities and check that progress is being made on completion of identified tasks between meetings. ▪ Natural and Informal Supports should be managed or coordinated by the family and be used in the way the family desires. <p>4. Based on the recommendations of the Child and Family Team, the Facilitator/Behavioral Health Representative shall make every reasonable effort to secure any and all covered services that will address the needs of the child and family with the following exceptions:</p> <ul style="list-style-type: none"> ▪ Services that must be prior authorized in accordance with the Arizona Department of Health Services policy on prior authorization. ▪ Service recommendations that the Behavioral Health Representative believes to be inconsistent with the Arizona Twelve Principles. The Behavioral Health Representative shall provide a rationale for 	<ul style="list-style-type: none"> ▪ The CPS Case Manager shall complete any identified tasks that they are assigned at the Child and Family Team meeting and do so in the specified timeframes developed. ▪ The CPS Case Manager shall support the use of Natural and Informal Supports for the family if they are within the guidelines of the plan to keep the child safe and stable. <p>4. The CPS Case Manager shall indicate those services that can be provided by CPS to support the child's safety and shall utilize the CPS chain of command to obtain approval to procure the DES-funded services identified by the team. These services include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Intake <ul style="list-style-type: none"> ⇒ Team Decision Meeting Summary ⇒ Family Preservation ⇒ Families F.I.R.S.T. ⇒ Family Group Decision Making ⇒ Housing Subsidy ⇒ Kinship Placement/Unlicensed Placement ▪ Ongoing <ul style="list-style-type: none"> ⇒ UA testing for adults ⇒ Parent Aide ⇒ Reunification ⇒ Families F.I.R.S.T. ⇒ Family Group Decision Making ⇒ Community services ⇒ Psychological Evaluations

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RBHA Responsibilities	CPS Responsibilities
<p>disagreement and work to reach consensus with the Child and Family Team.</p> <ul style="list-style-type: none"> ▪ Services not covered by Title XIX and Title XXI funds. <p>5. The Child and Family Team is expected to carefully consider and give substantial weight to family preferences in formulating its views on the developing Individual Service Plan, acknowledging the family's expert knowledge of their child.</p>	<ul style="list-style-type: none"> ⇒ Housing Subsidy ⇒ DES Licensed Emergency Shelter (for children in custody) ⇒ DES Licensed Family Foster Home (for children in custody) ⇒ DES Licensed Group Home (for children in custody) ⇒ Adoption ▪ Unusual Payment Requests <ul style="list-style-type: none"> ⇒ The CPS Case Manger shall follow the District operating procedures for services funded through the unusual payment request process. <p>5. The CPS Case Manager shall support the Child and Family Team plan and ensure it addresses the safety needs of the child and family.</p>

Engagement with the Child and Family

RBHA Responsibilities	CPS Responsibilities
<ol style="list-style-type: none"> 1. Engagement is the process of building a relationship with the child, family, and other team members. It also involves preparing the child, family, and other team members to work together well in the Child and Family Team Process, including helping them be prepared to operate in a strengths-based manner, think creatively, and approach planning based on needs rather than services. When a team is properly engaged, the Facilitator will know each member's perspective, and will know that each person understands the process and feels valued. 2. Engagement in the Child and Family Team process is a constantly evolving cycle and should continue during and after meetings. Engagement is an ongoing process and never ends. Successful Child and Family Team planning relates directly to the quality of engagement that has occurred. 3. Engagement involves working with partner agencies such as CPS, the Division of Developmental Disabilities, Juvenile Probation, Tribal 	<ol style="list-style-type: none"> 1. The CPS Case Manager shall collaborate with the Facilitator/Behavioral Health Representative to support the team process. 2. Whenever possible the CPS Case Manager shall share with the family any service outcomes or test results prior to the Child and Family Team meeting. The CPS Case Manager shall also inform the family that service outcomes and test results will be shared with the Child and Family Team. 3. Engagement involves working with partner agencies such as the RBHA, the Division for Developmental Disabilities, Juvenile Probation, Tribal Agencies or the schools and requires that there be a full understanding of the needs of all agencies involved and that ongoing efforts are made to understand their concerns and aspirations for the child and family.

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<p>Agencies and/or the schools and requires that there be a full understanding of the needs of all agencies involved and that ongoing efforts are made to understand their concerns and aspirations for the child and family.</p>	

Team Member Identification and Engagement

RBHA Responsibilities	CPS Responsibilities
<p>1. Decision on Team Membership</p> <ul style="list-style-type: none"> ▪ The parent or guardian has the final decision on team members, except in cases where the State, through CPS, has legal custody of the child. The representative of the agency with legal custody has final decision-making authority, and this is shared with the parent to the extent desired by the legal guardian. ▪ When the State has custody of a child, the custody agency representative is encouraged to support the parents to make as many of the decisions as possible. ▪ The custodial agency case manager may be required to present mandated positions, but shall encourage and support parents to make decisions within those parameters. If there are no parents, the legal guardian has the final say in the team decisions and team membership with the child as the focus of the team. ▪ Members can be added to the team at any time based on a consensus opinion of the team if no safety issues or court orders preclude inclusion. <p>2. Identifying Possible Team Members</p> <ul style="list-style-type: none"> ▪ The Facilitator and Family Support Partner shall discuss with the family the benefits of including additional people on the team. ▪ The team should ideally include at least 50 percent informal support. <p>3. Children's involvement on the Child and Family Team</p> <ul style="list-style-type: none"> ▪ A child should be included as a team member and the team should 	<p>1. Decision on Team Membership</p> <ul style="list-style-type: none"> ▪ Prior to the first Child and Family Team meeting, the CPS Case Manager shall communicate any mandated issues in regard to the child or the family to the Facilitator/Behavioral Health Representative. ▪ The custodial agency case manager may be required to represent mandated positions, but shall encourage and support parents to make decisions within those parameters. If there are no parents, the legal guardian has the final say in the team decisions and team membership with the child as the focus of the team. ▪ If parents or other parties are not to be included on a team the CPS Case Manager shall discuss with the parent(s) and the team why the parent(s) or other parties are not to be included and shall provide information on when their inclusion may be considered and what the parties need to do to gain inclusion. <p>2. The CPS Case Manager shall support the Facilitator's efforts to identify team members.</p> <ul style="list-style-type: none"> ▪ CPS shall have the ability to limit participation based on concerns about the child's safety or well-being. <p>3. Children's involvement on the Child and Family Team</p> <ul style="list-style-type: none"> ▪ A child in CPS custody should be included as a team member and the team should not meet to plan for the child without him or her present. ▪ If the child is not able to fully participate on the team, the team shall

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RBHA Responsibilities	CPS Responsibilities
<p>not meet to plan for the child without him or her present.</p> <ul style="list-style-type: none"> ▪ If the child is not able to fully participate on the team, the team shall identify alternative methods of gaining the child's input into the team. Children as young as age 6 may be engaged by using alternative methods. 	<p>identify alternative methods of gaining the child's input into the team. Children as young as age 6 may be engaged by using alternative methods.</p>

Strengths, Needs, and Culture Discovery

RBHA Responsibilities	CPS Responsibilities
<ol style="list-style-type: none"> 1. The Strengths, Needs, and Culture Discovery process: <ul style="list-style-type: none"> ▪ May be split between multiple meetings ▪ Includes participation, whenever possible, by many family members and others who know the child and family well, including the CPS Case Manager ▪ Is reviewed by and with the family in follow-up meetings and before being distributed to other team members. 2. The Strengths, Needs, and Culture Discovery may be done at the family's home, or other setting outside the agency location, where the family may be more comfortable. 3. In order to receive detailed information about the child and family's history that will be very important for the Strengths, Needs, and Culture Discovery, the Facilitator/Behavioral Health Representative may need to contact key people who have been involved in the lives of the child and family. While these people are integral to gaining knowledge about the child and family, the CPS Case Manager may not deem them appropriate for membership on the team. When CPS is the legal guardian, the Facilitator/Behavioral Health Representative shall obtain permission from the CPS Case Manager in order to gather information from these people. The Facilitator/Behavioral Health Representative shall make the limitations clear to the people being contacted for historical data. 4. The Strengths, Needs, and Culture Discovery should look at the following Life Domain areas and identify strengths and needs in each: 	<ol style="list-style-type: none"> 1. The CPS Case Manager shall contribute to the Strengths, Needs, and Culture Discovery process and provide everything they can in describing the individual and family strengths as well as any current difficult issues involving this child and family. 2. The CPS Case Manager shall review the Strengths, Needs, and Culture Discovery document and contribute to its continued development. 3. The CPS Case Manager, in consultation with the Facilitator, may give permission to allow the Facilitator/Behavioral Health Representative contact with parties such as relatives, non-relatives, and current and former foster parents that may have current or historical information that will assist in the development of individual service plans or identify appropriate resources and supports. 4. The Strengths, Needs, and Culture Discovery shall be attached to court reports, placed in the child's file, and utilized to identify needs as well as services and supports.

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RBHA Responsibilities	CPS Responsibilities
<p>Independence; Family living; Financial; Educational/Vocational; Social/Recreational; Behavioral/Emotional; Safety; Psychological; Health; Cultural and Spiritual Beliefs; Legal; and other areas important to the family.</p> <p>5. The Facilitator/Behavioral Health Representative shall give a copy of the Strengths, Needs, and Culture Discovery to the family and determine if they agree with what is included. CPS has the ability to limit someone's participation based on safety and well-being concerns. The CPS Case Manager shall be given a copy of the document for review prior to distribution.</p> <p>6. The Facilitator/Behavioral Health Representative shall distribute a copy of the Strengths, Needs, and Culture Discovery document to each Child and Family Team member prior to the next Child and Family Team meeting.</p>	

Facilitation of the Child and Family Team Process and Meetings

RBHA Responsibilities	CPS Responsibilities
<p>1. The Qualified Service Provider shall make a Family Support Partner available to the family, as needed</p> <p>2. The Facilitator of the Child and Family Team serves as the leader of the process. The Facilitator may not only be the leader of the Child and Family Team Process for work done by the behavioral health system, but may also be responsible for overall coordination between other systems and agencies that are a part of the Child and Family Team. Some of the leadership functions of the Facilitator include:</p> <ul style="list-style-type: none"> ▪ Ensuring that the child and family have a voice within the team, have choices for addressing needs and that the opinions of the child and family are respected and documented ▪ Creating a comfortable and "safe" team atmosphere for the family and other team members ▪ Actively moving the team process along 	<p>1. The CPS Case Manager shall collaborate with and support the Facilitator in any way possible to successfully facilitate the team process.</p> <p>2. The CPS Case Manager shall support the Facilitator to:</p> <ul style="list-style-type: none"> ▪ Ensure that the child and family have a voice within the team, have choices for addressing needs, and have their opinions respected and documented ▪ Create a comfortable and "safe" team atmosphere for the family and other team members ▪ Actively move the team process along ▪ Actively lead the Child and Family Team to brainstorm a wide array of ideas and alternatives which can then be discussed as a team and utilized in program planning ▪ Encourage and support the family to make decisions

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RBHA Responsibilities	CPS Responsibilities
<ul style="list-style-type: none"> ▪ Actively leading the Child and Family Team to brainstorm a wide array of ideas and alternatives which can then be utilized in program planning ▪ Encouraging and supporting the family to make decisions ▪ Ensuring that the Arizona 12 Principles are followed by the team ▪ Completing the Individual Service Plan ▪ Reviewing family strengths and progress toward action steps and goals at each Child and Family team meeting ▪ Fulfilling commitments in a timely, responsive, and respectful manner ▪ Following-up on the commitments made by other team members to ensure accountability ▪ Working with the team to identify and address barriers that arise and work to overcome those barriers. <p>3. The Provider Network Organization (PNO)/Qualified Service Provider (QSP) and Child and Family Team need to determine who will facilitate the Child and Family Team process, as described in this guideline. The responsibility of facilitating the Child and Family Team Process may rest with various staff members within a Provider Network Organization/Qualified Service Provider. Some of those staff members may include:</p> <ul style="list-style-type: none"> ▪ Behavioral Health Representative – The Division of Behavioral Health Services requires that a Behavioral Health Representative be assigned to all child and family teams to be the single point of contact with the behavioral health system. The Behavioral Health Representative may facilitate the Child and Family Team process. ▪ Case Manager – For those children and families that have intensive needs and/or complex teams, the PNO is to provide case management services to facilitate the Child and Family Team Process. ▪ Family – The family may choose to facilitate its own Child and 	<ul style="list-style-type: none"> ▪ Ensure that the Arizona 12 Principles are followed by the team ▪ Complete the CPS Case Plan and review progress (or meeting minutes) on a regular basis ▪ Fulfill commitments in a timely, responsive, and respectful manner ▪ Follow-up on the commitments made by other team members to ensure accountability. <p>Throughout the Child and Family Team Process, the CPS Case Manager shall support parents and families to have a strong voice on the team and express their views, needs, and concerns. Opportunity for the family’s voice and opinion to be expressed shall be provided prior to that of other members of the team, including the CPS Case Manager.</p> <p>3. The role of Facilitator of the Child and Family Team may be filled by the CPS Case Manager, when requested and agreed to by the Child and Family Team. The Facilitator and CPS Case Manager shall discuss and agree on what facilitation functions that would include.</p> <p>4. The CPS Case Manager shall support the Facilitator and shall follow and support the Child and Family Team meeting format as described. Any tasks given to the CPS Case Manager by the team shall be completed in the agreed upon timeframes.</p> <p>5. The CPS Case Manager shall attach meeting minutes, reviews of progress and Child and Family Team plans to court reports on a regular basis.</p>

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RBHA Responsibilities	CPS Responsibilities
<p>Family Team Process. It will be important that the family, or its representative, coordinate all aspects of services development and oversight with the Facilitator. These families or their representatives shall be provided the opportunity to participate in the training the RBHA provides for Facilitators and Case Managers.</p> <ul style="list-style-type: none"> ▪ Other Child and Family Team member – The family may choose another member of the Child and Family Team to facilitate their Child and Family Team meeting, or another agency such as CPS or the Division of Developmental Disabilities may be chosen to facilitate the Child and Family Team Process. These individuals shall be provided the opportunity to participate in the training Magellan provides for Facilitators and Case Managers. <p>4. Facilitator Responsibilities</p> <ul style="list-style-type: none"> ▪ Follow the Child and Family Team Meeting format: <ul style="list-style-type: none"> ⇒ Welcome (introduction, attendance/confidentiality sheet, ground rules), review of strengths, progress, family story, follow up on previously identified needs, specific objectives, action items and/or next steps, identify new or continuing needs and creative options to address needs ⇒ At each meeting the team shall review ground rules, which include the length of meetings, frequency of meetings and how to handle meetings when people don't come or have to leave early. ⇒ Ensure that an Individual Service Plan is developed that includes specific objectives, action items or next steps, identification of who is responsible for accomplishing each, and when each will be accomplished, and develop the time and place for the next meeting and close. Review this plan verbally with the full team at the end of the meeting to ensure clarity and understanding of responsibilities. ▪ After the Meeting <ul style="list-style-type: none"> ⇒ Call the family within 3 business days to follow up ⇒ Complete the Individual Service Plan and Review of Progress ⇒ Within 1 week of the Child and Family Team meeting or prior to 	

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<p>the next Child and Family Team meeting, distribute copies of the Review of Progress write-up to the family and all other team members and place a copy in the child's file.</p> <ul style="list-style-type: none"> ⇒ Contact the family and other team members in regard to their progress on the completion of action steps. ⇒ Schedule emergency meetings as needed if any crisis occurs or any safety issue has arisen with the child or family. ⇒ Continue regular contact with the family and other team members. 	

Individual Service Planning (individualized strengths-based plans for necessary supports and services)

RBHA Responsibilities	CPS Responsibilities
<ol style="list-style-type: none"> 1. Individual Service Planning <ul style="list-style-type: none"> ▪ The Individual Service Plan is used to identify and document service planning information. ▪ 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 CPS goals with out 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 Facilitator shall accommodate the needs of the CPS Case Manager in the development of the CPS Case Plan. The CPS Case Plan must be completed within 21 days of the child's initial removal from home. Any 	<ol style="list-style-type: none"> 1. Development of CPS Case Plan <ul style="list-style-type: none"> ▪ The CPS Case Manager will consider the Child and Family Team meeting and process, Team Decision Making and Family Group Decision Making to develop and review the Child Protective Services Case Plan. 2. The CPS Case Manager shall support and assist the family and the Facilitator in developing the family's vision for the future. 3. The CPS Case Manager 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. 4. The CPS Case Manager shall support and assist the Facilitator in identifying needs and developing goals and specific objectives. These should be developed to support the Child Protective Services Case Plan whenever possible. 5. The CPS Case Manager shall support the Facilitator and the Child and Family Team to develop appropriate interventions to meet needs and specific objectives and may offer CPS resources when appropriate to meeting Child and Family Team goals and objectives.

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RBHA Responsibilities	CPS Responsibilities
<p>Team Decision Making Plans and/or Family Group Decision Making plan should also be integrated into the plan.</p> <p>4. Identified Needs, Goals and Specific Objectives</p> <ul style="list-style-type: none"> ▪ 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 ▪ 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. <p>5. Interventions to Meet Needs and Specific Objectives</p> <ul style="list-style-type: none"> ▪ 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. <p>6. 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.</p> <p>7. 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</p>	

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RBHA Responsibilities	CPS Responsibilities
adjust the Individual Service Plan as needed.	

Crisis/Support Planning

RBHA Responsibilities	CPS Responsibilities
<p>1. All Child and Family Teams 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:</p> <ul style="list-style-type: none"> ▪ Predict – The team predicts what crises could occur and develops strength-based responses to the situations ▪ Prevent – The team identifies 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? <p>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.</p> <p>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.</p>	<p>1. The CPS Case Manager shall actively participate with the team in the development of a Crisis/Support Plan that can meet the goals of the RBHA and CPS to help the child maintain stability.</p> <p>2. The CPS Case Manager shall consider utilizing the CPS Stabilization Team to predict and prevent crises and to help the child maintain stability.</p>

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

RBHA Responsibilities	CPS Responsibilities
<p>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, relatives, or people from the community, could be perpetrated on the child.</p>	<p>1. It is the responsibility of the CPS Case Manager to develop a CPS Safety Plan for the child according to the required guidelines. This CPS Safety Plan shall be shared with the Child and Family Team.</p> <p>2. The CPS Safety Plan shall be incorporated into the RBHA Safety Plan and shall be supported by the Child and Family Team.</p>

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<p>2. Adjustments may need to be made to the Safety 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 RBHA Safety Plan as needed.</p>	<p>3. The CPS Child Safety Assessment and Risk Assessment shall be incorporated into the CPS Safety Plan.</p>
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Resolution of Coordination Issues

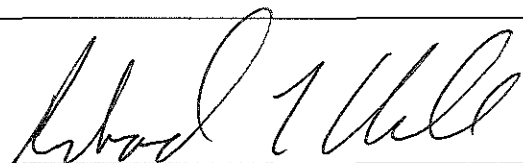
RBHA Responsibilities	CPS Responsibilities
<p>1. The Facilitator shall coordinate with the CPS Case Manager in preparation for the Child and Family Team Meetings.</p> <p>2. If unable to reach a consensus, the Facilitator shall consult with their Supervisor in an attempt to seek resolution before using the formal chain of command.</p> <p>3. The Formal Chain of Command* is:</p> <ul style="list-style-type: none"> ⇒ Facilitator to CPS Case Manager ⇒ Facilitator Supervisor to CPS Supervisor ⇒ Provider Network Organization Liaison to CPS Supervisor (or will direct to other appropriate staff) ⇒ Provider Network Organization Clinical Director to CPS Assistant Program Manager ⇒ Provider Network Organization CEO to CPS Deputy Program Manager. ⇒ RBHA Director of Child and Family Resiliency Services to CPS Program Manager <p>*CPS Mental Health Specialist may get involved at any level as appropriate.</p> <p>4. If the issue cannot be resolved through the RBHA Director of Child and Family Resiliency Services, the issue will be elevated to the Magellan Chief Recovery and Resiliency Officer for discussion with the CPS Program Manager and final decision.</p>	<p>1. The CPS Case Manager 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 CPS Case Manager shall notify the Facilitator as soon as possible.</p> <p>2. If unable to reach a consensus, the CPS Case Manager shall consult with their Supervisor in an attempt to seek resolution before using the formal chain of command.</p> <p>3. The Formal Chain of Command* is:</p> <ul style="list-style-type: none"> ⇒ CPS Case Manager to Facilitator ⇒ CPS Supervisor to Facilitator Supervisor ⇒ CPS Supervisor to Provider Network Liaison (or will direct to other appropriate staff) ⇒ CPS Assistant Program Manager to Provider Network Organization Clinical Director ⇒ CPS Deputy Program Manager to Provider Network Organization CEO ⇒ CPS Program Manager to RBHA Director of Child and Family Resiliency Services. <p>*CPS Mental Health Specialist may get involved at any level as appropriate.</p> <p>4. If the conflict cannot be resolved using this process, the issue will be</p>

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RBHA Responsibilities	CPS Responsibilities
5. Time frames: Based on urgency of need, elevate to the next level.	elevated to the CPS District Program Manager for discussion with the Magellan Chief of Recovery and Resiliency Officer and final decision. 5. Time frames: Based on urgency of need, elevate to the next level.



Magellan Authorized Signature

5-1-09

Date



DES/CPS Authorized Signature

10/16/09

Date