

**Collaborative Protocol
Between Magellan Health Services and District I of the Division of Disabilities (DDD)
Coordination of Child and Family Team Process**

Roles and Responsibilities in the Coordination of Child and Family Team Process
Magellan, the Regional Behavioral Health Authority (RBHA) and District I of the Division of Disabilities (DDD)

The RBHA and District I of the DDD 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 District I of the DDD 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 for families to identify their roles within the behavioral health system
- reflects the family's voice

Support Coordinator and the Facilitator work in partnership on behalf of children. The guardian for a child has the responsibility for assessing whether involvement of each family member would compromise the safety or wellbeing 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 guardian must be consulted prior to establishing membership in the Child and Family Team process. When a child is under the legal guardianship of DDD, the Foster Care Support Coordinator is the guardian/legally responsible person.

District I of the DDD and the RBHA shall work in partnership to develop an integrated service plan for children and families. This shall be done in the context of a Child and Family Team meeting.

Intake and Assessment

RBHA Responsibilities	District I of the Division of Developmental Disabilities Responsibilities
<ol style="list-style-type: none"> 1. Upon referral from DDD, or other referral source, the RBHA enrollment agency, which may be either a Provider Network Organization (PNO) or Qualified Service Provider (QSP), shall offer the legal guardian/legally responsible person an intake appointment within 7 days of the referral date. During the intake appointment, the RBHA Provider shall complete a Comprehensive Assessment of the child that shall focus on presenting concerns and behavioral health interventions. This will include the determination of guardianship and immediate needs of the child and family. 2. The assessment process is one of the first operational elements of the Child and Family Team process. The Division of Behavioral Health 	<ol style="list-style-type: none"> 1. DDD Support Coordinator will assist the legally responsible person in making a referral to the RBHA at 800-564-5465 or directly to a Provider Network Organization (PNO) or Qualified Service Provider (QSP). Referrals should include the following information: date of birth; Social Security number; AHCCCS ID; health plan; primary language; gender; address (mailing address if different); name, address, and phone number of the parent or guardian with a description of the child's relationship with parents; name and relationship of the person making the referral; description of presenting issues; medical problems and current medications; type of referral (routine, urgent, or emergent); and any other information pertaining to the child's and family's needs.

¹ The term "mental retardation" has been legally changed to "cognitive disability" in the State of Arizona.

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<p>Services' Comprehensive Assessment Process (and related forms) shall be used. This process will provide information that includes:</p> <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 ▪ Addenda <ul style="list-style-type: none"> ⇒ The addenda include: 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), Child Protective Services (use for 24 hour urgent response for children removed by Child Protective Services). <p>3. If a child is not currently enrolled with DDD and the assessment process indicates a potentially qualifying condition, a referral should be made to DDD Intake Department at 602-246-0546 by the legally responsible person. Potentially qualifying diagnosis includes: autism, cerebral palsy, epilepsy, or cognitive disability¹ that manifest before the age of 18 and results in functional limitations in specific areas. A child under the age of 6 years old may qualify if the child is determined to be at risk for developing a qualifying diagnosis.</p> <p>4. The RBHA Provider shall ask the DDD Support Coordinator if there are any court orders (i.e., no contact orders) that affect the child or the potential membership of the Child and Family Team.</p> <p>5. The Next Steps/Interim Service Plan is completed by the RBHA Provider in partnership with the child and family immediately after intake and</p>	<p>2. When a child is referred to the RBHA, the RBHA Provider shall offer an intake appointment within 7 days and shall complete a Comprehensive Services Assessment of the child. The DDD Support Coordinator shall provide as much information as possible to the RBHA Provider in support of this assessment. DDD Support Coordinator shall participate in the Child and Family Team Process starting with this referral and assessment.</p> <p>3. Referrals to DDD are made to (602) 246-0546. When the District I DDD Intake Unit receives a referral from the RBHA, information will be gathered by the intake person of the day. Contact will be made with the family and/or legally responsible person by an assigned eligibility worker within 5 working days of the referral date to gather specific information. The eligibility worker will mail forms such as the DDD Application for Eligibility Determination and Release of Information forms that the child's family and/or legally responsible person needs to complete.</p> <p>4. Once the required forms and documentation of disability are received by the eligibility worker, a face-to face interview shall be scheduled with the child, family, and/or legally responsible person.</p> <p>5. The eligibility worker shall notify the child, family, and/or legally responsible person of the DDD eligibility decision. The DDD Intake worker shall refer and provide an application to the eligible child and his/her family and/or legally responsible person for AHCCCS Arizona Long Term Care System (ALTCS) program. The file is then transferred to the appropriate District I DDD office and an ongoing DDD Support Coordinator is assigned to work with the child and family and/or legally responsible person. The file is then transferred to the appropriate District 1 office based on the ZIP code of the child's primary residence.</p> <p>6. The ongoing DDD Support Coordinator shall work with the child and family, and/or legally responsible person and the Child and Family Team (CFT) and begin the DDD individual service planning process.</p>

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<p>before any other behavioral health service is provided. The Interim Service Plan is based on the initial assessment and identifies initial needs, any crisis situation requiring immediate attention, and next steps to be followed for meeting these needs. The legally responsible person shall be consulted as to family involvement. The child and family's participation in developing this plan is essential. Family support assistance at this point will also be helpful to the family.</p> <p>6. The RBHA Provider and Child and Family Team will mutually determine a Facilitator of the Child and Family Team process. The Facilitator is often the assigned Case Manager through the PNO or QSP, but may also be another team member such as a therapist, DDD Support Coordinator, or a family member.</p> <p>7. The Facilitator shall make assessment information available to the legally responsible person and DDD Support Coordinator and shall seek information from DDD to incorporate into the assessment and service planning process. Information to be requested from DDD may include:</p> <ul style="list-style-type: none"> ⇒ Child's current behavioral needs and/or stabilization needs ⇒ DDD Individual Service Plan Goals ⇒ The outcome of any previous placements/treatment services ⇒ Explore potential members for the Child and Family Team; those who might be contrary to the child's best interest will need to be explored. ⇒ Any other issues, including potential barriers, legal requirements or mandates that pertain to this child, and any information that will increase understanding of the child's unique cultural heritage, to be incorporated in the RBHA Individual Service Plan (ISP). <p>8. During the initial assessment, in collaboration with the DDD Support Coordinator, the RBHA shall determine the legally responsible person and gain an understanding of their on-going role with the child and shall structure communication channels with Child and Family Team</p>	<p>7. The DDD Support Coordinator shall communicate with the RBHA Provider as to any court orders that may affect treatment and service planning for this child and immediate needs or other pertinent issues.</p> <p>8. The DDD Support Coordinator shall immediately notify the CFT Facilitator of any contemplated or actual changes in the child's placement to support continuity of RBHA services. Any court order prohibiting the disclosure of the whereabouts of a child in foster care shall be upheld by the DDD Support Coordinator, who shall provide an explanation of the reasons for withholding this information to the Facilitator when applicable.</p> <p>9. The DDD Support Coordinator shall contribute to the Strengths, Needs, and Culture Discovery process and provide information describing the individual and family strengths, needs, and cultural preferences.</p> <p>10. In order to obtain important information about the child and family's history for the Strengths, Needs, and Culture Discovery, the Facilitator may need to contact key people who have been involved in the lives of the child and family. When safe and appropriate to do so, the legally responsible person shall grant permission to the Facilitator in order to contact these individuals.</p> <p>11. The Strengths, Needs, and Culture Discovery shall be incorporated into the child's Individual Service Planning process and should be included in the child's DDD file.</p>

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<p>participants related to the family, the court and others as appropriate.</p> <p>9. The Facilitator shall meet with the child and family and/or legally responsible person on one or more occasions to gather information to develop a Strengths, Needs, and Culture Discovery (SNCD) assessment document. This document will be used throughout the treatment process to guide the CFT in selecting relevant interventions and utilizing natural and informal supports to assist with meeting identified needs. The SNCD is frequently consulted by the team and is updated as the child and family's circumstances change and new strengths and resources are identified. In order to obtain important information about the child and family's history for the Strengths, Needs, and Culture Discovery, the Facilitator may need to contact key people who have been involved in the lives of the child and family. The Facilitator shall obtain permission from the legally responsible person in order to contact these individuals.</p> <p>10. The Strengths, Needs, and Culture Discovery process may be split between multiple meetings. The process includes participation, whenever possible, by family members and others who know the child and family well, including the DDD Support Coordinator.</p> <p>11. The Strengths, Needs, and Culture Discovery should look at the following Life Domain areas and identify strengths and needs in each: Independence; Family Living; Financial; Educational/Vocational; Social/Recreational; Behavioral/Emotional; Safety; Psychological; Health; Legal; Cultural and Spiritual Beliefs; and Other areas important to the family.</p> <p>12. The Facilitator shall give a copy of the SNCD to the child and family members who participated in its creation to ensure accuracy and completeness prior to distribution to other team members.</p> <p>13. The Facilitator shall distribute a copy of the SNCD document to each Child and Family Team member prior to the next CFT meeting.</p>	

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

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<ol style="list-style-type: none"> 1. The Facilitator shall confirm the legally responsible person and any legally imposed limitations on family participation prior to engagement. 2. Preparation for the Child and Family Team Meeting: <ul style="list-style-type: none"> ▪ Prior to the meeting, the Facilitator shall contact the DDD Support Coordinator to discuss the focus of the meeting, establish ground rules, and clarify roles and responsibilities. The Facilitator shall also invite the child's Guardian Ad Litem, if one has been appointed by the court, to participate in the Child and Family Team process. ▪ Prior to the meeting, the Facilitator shall contact the family to obtain the child and family's preferences for meeting times and locations, ground rules, membership on the team, and priority topics for discussion. ▪ The Facilitator shall secure a space for the Child and Family Team to meet that is convenient and comfortable for the family and shall ensure that transportation, childcare and interpreter services are available if needed. ▪ The Facilitator shall invite members of the Child and Family Team, including informal supports and system partner representatives. 4. Based on the recommendations of the Child and Family Team, the Facilitator 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: <ul style="list-style-type: none"> ▪ Services which must be prior authorized in accordance with the Arizona Department of Health Services policy on prior authorization (See Magellan Provider Manual, section 3.14). 	<ol style="list-style-type: none"> 1. If a referral to the RBHA has been made, or there is current involvement of the child with behavioral health and DDD, the DDD Support Coordinator shall provide the following information to the CFT 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 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. ⇒ A description of what it would take to prevent or dismiss a dependency in this situation ⇒ DDD and the RBHA files or records that could be shared ⇒ Any other important issues, including potential barriers, concerns, and/or mandates that pertain to this child and any information regarding his/her unique cultural heritage to be incorporated in the service planning process. 2. Prior to the Child and Family Team meeting, the Facilitator shall discuss with the DDD Support Coordinator the focus of the meeting, ground rules, and roles and responsibilities within the CFT process. 3. The DDD Support Coordinator shall, whenever possible, provide any current information to the Child and Family Team prior to the scheduled meeting.

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<ul style="list-style-type: none"> ▪ Service recommendations that are inconsistent with the Arizona 12 Principles. The Facilitator shall identify any such barriers and work with the Child and Family Team to reach consensus. ▪ Services not covered by Title XIX and Title XXI funds. The Facilitator shall work with the Child and Family Team to identify community resources, natural and informal supports, and/or formal services that are relevant and included in the <i>ADHS/DBHS Covered Behavioral Health Services Guide</i>. <ol style="list-style-type: none"> 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. 6. In accordance with the ADHS/DBHS Practice Protocol on <i>Child and Family Team Practice</i>, services shall be planned and implemented per the <i>12 Arizona Principles</i>, including services in the least restrictive environment that meets the child's current needs. Services shall be provided in the child's home and community whenever possible, and out-of-home treatment interventions shall only be utilized when the child's current behavioral health treatment needs can only be adequately served in a 24-hour psychiatric facility. (See Magellan Provider Manual, section 3.14 for prior authorization criteria and process.) 7. The Facilitator shall respond immediately to a request from the legally responsible person for a prior-authorized out-of-home service by contacting Magellan Utilization Management by telephone and initiating the request for the prior authorized service. Timeframes for response to the request by Magellan are outlined in the Provider Manual, section 3.14. 8. Residential treatment is not an emergency service. Residential treatment, if authorized, can take up to several weeks to become available for the child to be admitted. The Facilitator shall ensure that the CFT continue 	<ol style="list-style-type: none"> 4. Based on the recommendations of the Child and Family Team, the Support Coordinator shall indicate those services that may be available through DDD to support the child's health, safety, and development and shall make every reasonable effort to utilize the DDD chain of command to obtain approval to procure the services identified by the team. 5. The DDD Support Coordinator shall support the use of natural and informal supports for the child and family within the guidelines of safety and any legal restrictions. 6. The Child and Family Team is expected to carefully consider and give substantial weight to family preferences in formulating its views on the developing Service Plan, acknowledging the family's expert knowledge of their child. 7. In accordance with the ADHS/DBHS Practice Protocol on <i>Child and Family Team Practice</i>, behavioral health services shall be planned and implemented per the <i>12 Arizona Principles</i>, including services in the least restrictive environment that meets the child's current needs. Services shall be provided in the child's home and community whenever possible, and out-of-home treatment interventions shall only be utilized when the child's current behavioral health treatment needs can only be adequately served in a 24-hour psychiatric facility. (See Magellan Provider Manual, section 3.14 for prior authorization criteria and process.) 8. The legally responsible person shall participate in the Child and Family Team process and work with the team to identify home- and community-based treatment services to meet the child's current needs. If the legally responsible person, through participation in the CFT process, is of the opinion that an out-of-home treatment intervention is the least restrictive treatment that will meet the child's current needs, the legally responsible person shall ask the Facilitator to submit a request for the out-of-home service to the RBHA.

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<p>to meet and address the following while waiting for a RBHA decision on an out-of-home service request:</p> <ul style="list-style-type: none"> ▪ Services to support the child in the current place of residence, such as generalist direct support services ▪ Transition planning, to address treatment needs that will be ongoing beyond the residential treatment intervention (if residential treatment is approved), and coordination with DDD or other legal guardian around the child's place of residence. If DDD is the legally responsible person, housing is the responsibility of DDD. If not, housing is the responsibility of the recipient's legal guardian. ▪ Alternative plans to meet the child's treatment needs in the event that residential treatment is not found to be medically necessary. <p>9. Hospitalized children require immediate attention and service planning. Collaboration is key in assuring that both housing and necessary behavioral health services are ready to be implemented when the child has achieved stability in hospital. This is true even when prior authorized service is being requested.</p> <p>10. The Facilitator and the DDD Support Coordinator shall collaborate to keep track of the utilization of Respite Services. A total of 720 hours of Respite are available to a child and his/her family annually. These hours are combined between Behavioral Health and DDD, for a total of 720 hours between both systems.</p>	<p>9. Residential treatment is not an emergency service. Residential treatment, if authorized, can take up to several weeks to become available for the child to be admitted. The DDD Support Coordinator shall continue to participate in CFT meetings scheduled by the Facilitator while awaiting the RBHA decision on an out-of-home service request to address the following:</p> <ul style="list-style-type: none"> ▪ Services to support the child in the current place of residence, such as direct support services ▪ Transition planning: If DDD is the legally responsible person, to coordinate the child's place of residence/housing, while the Facilitator coordinates treatment services to meet treatment needs that will be ongoing beyond the residential treatment intervention (if residential treatment is approved). ▪ Alternative plans to meet the child's needs in the event that residential treatment is not found to be medically necessary. <p>10. Hospitalized children require immediate attention and service planning. Collaboration is key in assuring that both housing and necessary DD services are ready to be implemented when the child has achieved stability in hospital. This is true even when a prior authorized service is also being requested.</p> <p>11. The DDD Support Coordinator and the Facilitator shall collaborate to keep track of the utilization of Respite Services. A total of 720 hours of Respite are available to a child and his/her family annually. These hours are combined between Behavioral Health and DDD, for a total of 720 hours between both systems.</p>

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Engagement with the Child and Family

RBHA Responsibilities	District I of the Division of Developmental Disabilities 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 well together through the Child and Family Team Process and 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 is an ongoing and evolving process and should continue during and after meetings. Successful Child and Family Team planning relates directly to the quality of engagement that has occurred. 3. Engagement involves working with system partners (Child Protective Services, Juvenile Probation, the schools and/or providers) and requires that there is a full understanding of the perspectives of all agencies involved and that ongoing efforts are made to understand their concerns and aspirations for the child and family. 	<ol style="list-style-type: none"> 1. The DDD Support Coordinator shall collaborate with the Facilitator to support a strength-based and creative approach to the Child and Family Team process. 2. Engagement involves working with system partners (Child Protective Services, Juvenile Probation, the schools and/or providers) and requires that there is a full understanding of the perspectives of all agencies involved and that ongoing efforts are made to understand their concerns and aspirations for the child and family.

Team Member Identification and Engagement

RBHA Responsibilities	District I of the Division of Developmental Disabilities Responsibilities
<ol style="list-style-type: none"> 1. Team Membership: <ul style="list-style-type: none"> ▪ The parent or legally responsible person has the final decision on team membership. When a child is under the legal guardianship of DDD, the Foster Care Support Coordinator is the legally responsible person. ▪ The custody agency representative may be required to present mandated positions, but shall encourage and support parents to make 	<ol style="list-style-type: none"> 1. Team Membership: <ul style="list-style-type: none"> ▪ The parent or legally responsible person has the final decision on team membership. When a child is under the legal guardianship of DDD, the Foster Care Support Coordinator is the legally responsible person. ▪ 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 custody agency representative may

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<p>the decisions within those parameters.</p> <ul style="list-style-type: none"> ▪ Members can be added to the team at any time based on a consensus opinion of the team or by request of the legally responsible person if no safety issues or court orders preclude inclusion. ▪ The Behavioral Health CFT Facilitator shall discuss with the family the benefits of natural and informal supports on the Child and Family Team. The team should ideally include at least 50 percent informal supports. <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 whenever practicable, and the team should not meet to plan for the child without giving the child the opportunity to be present. ▪ 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>be required to present mandated positions, but shall encourage and support parents to make the decisions within those parameters.</p> <ul style="list-style-type: none"> ▪ Members can be added to the team at any time based on consensus opinion of the team or by request of the legally responsible person if no safety issues or court orders preclude inclusion. <p>2. The DDD Support Coordinator shall support the Facilitator’s efforts to identify team members, including natural and informal supports.</p> <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 whenever practicable, and the team should not meet to plan for the child without giving the child the opportunity to be present. ▪ 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.

Facilitation of the Child and Family Team Process and Meetings

RBHA Responsibilities	District I of the Division of Developmental Disabilities Responsibilities
<p>1. The RBHA Provider shall make family support partners and/or other peer/family support roles available to the family when needed/requested by the family. Family Support roles are described in detail in the ADHS/DBHS Practice Protocol: <i>Youth and Family Involvement in the Behavioral Health System</i>.</p> <p>2. The Facilitator is responsible for facilitation of CFT meetings. Some of the functions of the Facilitator include:</p> <ul style="list-style-type: none"> ▪ Ensuring that the child and family have a voice within the team and 	<p>1. The DDD Support Coordinator shall collaborate with and support the Facilitator in any way possible to successfully facilitate the team process. Support for the CFT facilitation process includes the following:</p> <ul style="list-style-type: none"> ▪ Encouraging the child and family to have a voice within the team and the opportunity to make choices and decisions and to have their opinions respected ▪ Creating a comfortable and “safe” team atmosphere for the family and other team members

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<p>choices for addressing needs, and that their opinions are respected and documented</p> <ul style="list-style-type: none"> ▪ Creating a comfortable and “safe” team atmosphere for the family and other team members ▪ Actively moving the team process along ▪ Actively leading the Child and Family Team to brainstorm a wide array of ideas and alternatives that 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 behavioral health 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 ▪ Ensuring collaboration and coordination with other systems and agencies. <p>3. The agenda for Child and Family Team meetings typically includes the following:</p> <ul style="list-style-type: none"> ▪ Identification/review of ground rules and team membership ▪ Identification/review of the Family Vision for the future ▪ (Except at initial CFT meeting) Review of previous CFT notes and 	<ul style="list-style-type: none"> ▪ Assisting with moving the team process forward ▪ Participating in brainstorming of ideas and alternatives with the team for potential use in service planning and implementation ▪ Completing the DDD Individual Service Plan and sharing it with the Child and Family Team ▪ Fulfill commitments, such as agreed upon task assignments from the CFT, in a timely, responsive, and respectful manner. <p>2. The DDD Support Coordinator shall develop/review the DDD Individual Service Plan in conjunction with the CFT process.</p> <p>3. The DDD Support Coordinator shall work with the CFT on the child’s plan for transition into adulthood, to begin when the child reaches the age of 16. (Refer to Arizona Department of Health Services, Division of Behavioral Health Services, Practice Protocol “<i>Transitioning to Adulthood</i>.”)</p> <p>4. The DDD Support Coordinator shall seek clinical consultation and/or coaching support as needed to ensure the efficient functioning of the CFT in planning and implementing formal and informal services and supports to meet the needs of the child and family. Within the behavioral health system, coaching, consultation, and technical assistance may be sought from any or all of the following: the Facilitator’s clinical supervisor, the QSP or PNO Coach, the QSP or PNO Clinical Director, the Magellan Children’s System of Care Coordinator, or other roles relevant to the circumstances of the request. The DDD Support Coordinator shall encourage the Facilitator to make use of these resources whenever a need arises, such as when the team appears to have reached an impasse on an issue or the team does not have knowledge of available services that are a good fit to the child’s current needs.</p> <p>5. The frequency of CFT meetings shall be mutually decided between the</p>

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<p>follow-up on task assignments</p> <ul style="list-style-type: none"> ▪ Review/update SNCD ▪ Review/update Crisis and/or Safety Plan ▪ Review/update Individual Service Plan (ISP) ▪ Identification of natural and informal supports ▪ Task assignments for team members to follow-up on between formal CFT meetings <p>4. After each CFT meeting, the Facilitator shall:</p> <ul style="list-style-type: none"> ⇒ Complete/update the behavioral health Individual Service Plan and CFT note ⇒ Within 7 days of the CFT meeting or prior to the next CFT meeting, distribute copies of the CFT note and updated ISP to the family and all other team members. ⇒ Contact the family and other team members regarding 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. <p>5. The CFT will work with the DDD Support Coordinator on the child's transition plan into adulthood, to begin when the child reaches the age of 16. (Refer to Arizona Department of Health Services, Division of Behavioral Health Services, Practice Protocol "Transitioning to Adulthood.")</p> <p>6. The Facilitator shall seek clinical consultation and/or coaching support as needed to ensure the efficient functioning of the CFT in planning and implementing formal and informal services and supports to meet the needs of the child and family. Coaching, consultation, and technical assistance may be sought from any or all of the following: the Facilitator's clinical supervisor, the QSP or PNO Coach, the QSP or</p>	<p>team members, with priority preference given to the child and family. The frequency of meetings shall also be matched to the level of intensity of need and services. CFT meetings are typically held approximately once per month but should be held no less than every two weeks for children in a residential treatment setting.</p>

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<p>RBHA Responsibilities</p> <p>PNO Clinical Director, the Magellan Children’s System of Care Coordinator, or other roles relevant to the circumstances of the request.</p> <p>7. The frequency of CFT meetings shall be mutually decided between the team members, with priority preference given to the child and family. The frequency of meetings shall also be matched to the level of intensity of need and services. CFT meetings are typically held approximately once per month but should be held no less than every two weeks for children in a residential treatment setting.</p>	<p>District I of the Division of Developmental Disabilities Responsibilities</p>
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Service and Support Planning (individualized strengths-based plans for necessary supports and services)

<p>RBHA Responsibilities</p> <p>1. Support and Service Planning</p> <ul style="list-style-type: none"> ▪ Behavioral Health service planning shall be documented on the BH Individual Service Plan form by the Facilitator, reflecting the input of the entire Child and Family Team. The BH Individual Service Plan should include specific objectives. Minutes of CFT meetings and action plans/task assignments may be attached to the Review of Progress portion of the BH Individual Service Plan. ▪ The BH 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 BH Individual Service Plans must be completed within 90 days of the child and family’s intake appointment. ▪ At the end of each CFT meeting, the Child and Family Team members shall confirm action step assignments and ensure consensus so that everyone on the team knows what is expected from its members at the next meeting. ▪ The BH Individual Service Plan should reflect and be reflected in the DDD Individual Service Plan, to create a coordinated plan for the child, family, and/or legally responsible person. 	<p>District I of the Division of Developmental Disabilities Responsibilities</p> <ol style="list-style-type: none"> 1. Development of DDD Individual Service Plan <ul style="list-style-type: none"> ▪ The Support Coordinator shall use the Child and Family Team meeting and process to develop and review the DDD Individual Service Plan. ▪ The DDD Individual Service Plan should reflect and be reflected in the BH Individual Service Plan, to create a coordinated plan for the child, family, and/or legally responsible person. The DDD Individual Service Plan must be completed within the required ALTCS timelines. 2. The Support Coordinator and the Facilitator shall support and assist the family in developing the family’s vision for the future. 3. The Support Coordinator shall apprise the team of any significant changes such as court orders or emergency changes in placement so they can be incorporated into planning processes and team membership decisions. 4. The Support Coordinator shall work collaboratively with the rest of the Child and Family Team to identify needs, specific objectives, and appropriate interventions that support the DDD and BH Individual Service Plans. 5. The Support Coordinator and the Facilitator shall collaboratively identify a qualified Behavioral Health Professional (BHP) or process to access a qualified BHP for the completion of the DDD quarterly consultation.
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<p>2. The BH Individual Service Plan shall include a statement of the child and family's vision for the future, which shall be the focus for the development of goals in the plan. The Facilitator and the DDD Support Coordinator shall support and assist the family in developing this family vision statement.</p> <p>4. Identified Needs and Specific Goals</p> <ul style="list-style-type: none"> ▪ While the Facilitator or other team members may have suggestions for goals, the selection of goals is a decision made by the family or guardian. ▪ When establishing goals, 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 Child and Family Team shall describe how each of the child and family's identified needs and specific objectives will be met through formal and informal services and supports. ▪ 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 at each CFT meeting. If little or no progress is identified toward plan objectives and goals, the team shall review the current array of services and supports to determine if any changes need to be made. <p>6. The Facilitator is responsible for creating an effective communication loop with the CFT regarding the BH Individual Service Plan, its efficient and effective implementation, and its modification when additional issues</p>	<p>The Support Coordinator and the qualified BHP shall exchange information on an ongoing basis, beginning with an initial consultation upon a child's entry into the behavioral health system and every 90 days thereafter. Consultations shall occur in person or through the use of the <i>Initial and Quarterly Consultations with a Qualified Behavioral Health Professional</i> form or other district-specific procedure.</p> <p>6. When using the <i>Initial and Quarterly Consultations with a Qualified Behavioral Health Professional</i> form to consult with the qualified BHP, the Support Coordinator shall ensure that the DDD portion is completed before faxing the form. If the form is not completed and returned by the qualified BHP within 10 working days, the Support Coordinator shall make up to two more attempts to fax the form and shall attempt follow-up by telephone if no response has been received.</p>

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<p>arise, progress is made, or new ideas are presented. The Facilitator will contact team members, offer reminders, and in other ways assist team members to follow-through on commitments.</p> <p>7. The Facilitator shall apprise the team of any significant changes such as court orders or emergency changes in placement so they can be incorporated into planning processes and team membership decisions.</p> <p>9. The Facilitator and the Support Coordinator shall collaboratively identify a qualified Behavioral Health Professional (BHP) or process to access a qualified BHP for the completion of the DDD quarterly consultation. The qualified BHP and the Support Coordinator shall exchange information on an ongoing basis, beginning with an initial consultation upon a child's entry into the behavioral health system and every 90 days thereafter. Consultations shall occur in person or through the use of the <i>Initial and Quarterly Consultations with a Qualified Behavioral Health Professional</i> form or other DDD district-specific procedure. The qualified BHP shall complete and return the <i>Initial and Quarterly Consultation with a Qualified Behavioral Health Professional</i> form within 10 working days of receipt. The qualified BHP shall document his/her credentials which meet State of Arizona requirements for a BHP, i.e.: licensed psychiatrist; licensed psychologist; state or nationally certified/licensed social worker; state or nationally certified/licensed counselor; licensed nurse practitioner; licensed physician assistant; or licensed registered nurse with a minimum of one year of behavioral health work experience.</p>	

Crisis Planning

RBHA Responsibilities	District I of the Division of Developmental Disabilities Responsibilities
<p>1. The Facilitator shall ensure that Crisis and/or Safety Plans are developed early in the Child and Family Team process. Crisis Plans shall include the following elements:</p>	<p>1. The DDD Risk Assessment and Back-up Plan (when applicable) shall be shared with the Facilitator and should be used toward development of the BH Crisis Plan.</p>

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<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 final step of crisis planning is establishing what will happen if the identified crisis occurs. Who does what, when, and where? What are the actions to be taken by child and family team members? At what point does outside support need to be sought? <ol style="list-style-type: none"> 2. Crisis Plans will include a plan for calling and notifying team members and participating agencies when the Crisis Plan has been implemented and has not met its objectives. 3. Adjustments may need to be made to the Crisis Plan as additional issues arise, progress is made, or new ideas are discovered. The Child and Family Team should continually monitor and adjust the Crisis Plan as needed, including following any crisis event or episode of hospitalization or out-of-home treatment intervention. 4. The Facilitator and the Child and Family Team members will assist in the completion of the DDD Emergency Contact Sheet. 	<ol style="list-style-type: none"> 2. The Support Coordinator shall actively participate with the team in the development of the Crisis Plan to meet the goals of the RBHA and DDD toward helping the child maintain stability. 3. The Support Coordinator shall complete the Emergency Contact Sheet with assistance from the Child and Family Team members. 4. The Support Coordinator will complete the Special Assistance Team Request Form when requesting the involvement of the Maricopa Crisis Response Network (MCRN) Special Assistance Team for non-immediate crisis response.
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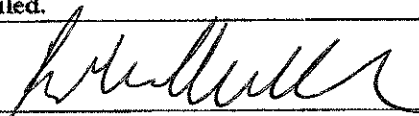
Resolution of Coordination Issues

RBHA Responsibilities	District I of the Division of Developmental Disabilities Responsibilities
<ol style="list-style-type: none"> 1. The Facilitator shall coordinate with the Support Coordinator in preparation for the Child and Family Team meetings. 2. If unable to reach consensus, the Facilitator shall consult with his/her supervisor, the QSP or PNO Coach, the QSP or PNO Clinical Director, the Magellan Children's System of Care Coordinator, or other roles relevant to the circumstances. 3. If a conflict arises that has not been resolved through engagement of 	<ol style="list-style-type: none"> 1. The Support Coordinator shall coordinate with the Facilitator in preparation for the Child and Family Team meetings. 2. If unable to reach consensus, the Support Coordinator shall consult with his/her supervisor in an attempt to seek resolution before using the formal chain of command. 3. If a conflict arises, the Support Coordinator shall utilize the following chain of command to positively resolve the issue:

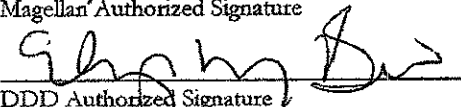
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<p>coaching and consultation resources from the QSP/PNO or RBHA, the Facilitator shall utilize the following chain of command to positively resolve the issue:</p> <ul style="list-style-type: none"> ⇒ Facilitator to DDD Support Coordinator ⇒ Facilitator Supervisor to Support Coordinator Supervisor ⇒ PNO Liaison to Area Program Manager ⇒ PNO Clinical Director to District Program Manager ⇒ PNO CEO to District Program Administrator <p>4. If the conflict cannot be resolved using this process, the issue will be elevated to the Magellan Chief of Children's Services for discussion with the Deputy Assistant Director of DDD and final decision.</p> <p>5. Ongoing communication on the resolution process is expected of all individuals/entities involved in the identified conflict.</p> <p>6. When a DDD service issue cannot be resolved, the RBHA/ Subcontracted Service Provider may assist the individual or responsible party in filing a grievance/appeal through the DDD grievance/appeal process by contacting the DDD compliance and review unit 602-542-6859. The person has 60 calendar days from the date of the District 1 DDD's action to file a written appeal. An expedited appeal may be filed.</p>	<ul style="list-style-type: none"> ⇒ Support Coordinator to Facilitator ⇒ Support Coordinator Supervisor to Facilitator Supervisor ⇒ Area Program Manager to PNO Liaison ⇒ District Program Manager to PNO Clinical Director ⇒ District Program Administrator to PNO CEO <p>4. If the conflict cannot be resolved using this process, the issue will be elevated to the Deputy Assistant Director of DDD for discussion with the Magellan Chief of Children's Services and final decision.</p> <p>5. Ongoing communication on the resolution process is expected of all individuals/entities involved in the identified conflict.</p> <p>6. When a RBHA/Provider Network Organization service issue cannot be resolved, the Support Coordinator assists the individual or responsible party in filing a grievance/appeal through the grievance/appeal process by contacting 800-564-5465. The person has 60 calendar days from the date of the RBHA/PNO's action to file a written appeal. An expedited appeal may be filed.</p>



Magellan Authorized Signature



DDD Authorized Signature

3-31-10

Date

3/5/10

Date

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