

## **240 – FAMILY INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL HEALTH SYSTEM**

EFFECTIVE DATE: 07/01/16, 10/01/21

APPROVAL DATE: 08/12/21

### **I. PURPOSE**

This Behavioral Health Practice Tool applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors. This Behavioral Health Practice Tool is an optional resource for the Fee-For-Service Programs and is not a requirement for the Fee-For-Service Programs. This Practice Tool is intended to be used as an aide to inform behavioral health practice and seeks to:

1. Create and sustain a system of care culture that promotes meaningful family involvement at all levels.
2. Enhance Family-Run Organizations “FRO” Partnerships.
3. Provide recognition and integration of family into prevention and treatment programs.
4. Encourage the integration of family into professional roles in the organizational system.

### **II. POLICY**

#### **A. CREATE AND SUSTAIN A SYSTEM OF CARE CULTURE THAT PROMOTES MEANINGFUL FAMILY INVOLVEMENT AT ALL LEVELS.**

**Definition:** A system that values family involvement and incorporates individual implicit bias awareness, collaboration, and communication at all levels: from health plan C-Suite level to Clinical Directors, Supervisors, Case Managers, Therapists, and all other front line providers. Develop a vision of family involvement that is shared by all agency staff, understanding that parents/families are lifetime “case managers,” the lifetime “direct support providers,” the keepers of treatment history, and the “first responders” in any crisis. They interface with multiple providers and systems, often receiving conflicting information and demands from different providers in different systems. They hold vital information about parent/primary caregiver, child, and family history and they hold the keys to creating not just a Service Plan, but a life plan that provides the best chance for a child to achieve the goals set forth in the Arizona Vision: success in school, live with their families, avoid delinquency, and become stable and productive adults.

1. The Contractor shall ensure:
  - a. Providers train on individual implicit bias against families to gain tools to adjust automatic patterns of thinking and reduce discriminatory behaviors towards families engaged in the system,
  - b. Providers train on best practices of meaningful family involvement for all employees as part of orientation, during the performance review process, and on

- an ongoing basis. Training shall include frequent review of Arizona Vision and 12 Principles and review of their utilization by individual providers,
- c. Providers develop a qualitative and quantitative annual plan to include strategies to incorporate and sustain family involvement,
  - d. Definitions for “Family Involvement” and “Parent Peer Support Partner” shall be added to AMPM Policy 100. Language creating a distinction between “family support” (which can be provided by anyone) and “parent peer support” (provided only by a person with lived experience raising a child with significant behavioral health challenges) shall also be included. Consideration shall also be given to parents raising children with complex needs who may not be enrolled in behavioral health services. Parent Peer Support Partners are credentialed through the State of Arizona. Parent Peer Support assists the parent by (1) decreasing isolation and internalized blame, (2) increasing acceptance and appreciation of child’s challenges, and (3) increasing the parent’s ability to work with both formal and informal supports (Obrochta et al., 2011), and
  - e. Providers utilize billing modifier, CG, with financial remuneration for credentialed parent peer support and track outcomes related to services provided by credentialed parent peer supports.

## **B. FAMILY-RUN ORGANIZATIONS “FRO” PARTNERSHIP**

**DEFINITION:** Recognition of FROs as the premier consultants on how meaningful family involvement can be implemented. Integrating Family-Run tools of parent peer support, advocacy, and modeling strategies within all levels of treatment, practice, and policy. Inherent in the identity of FROs is the natural ability and necessary environment to link families with individuals in their communities who share similar experiences in their life’s journey. Without these parent peer connections to other families, stigma may create isolation, self-blame, and other unnecessary barriers that prevent families from reaching out and connecting with available supports and services.

1. The Contractor shall ensure:
  - a. Providers create strict capacity limits for parent peer support providers at health homes. Current numbers necessitate a watered-down version which is inconsistent with best practices,
  - b. Providers ensure consistent, ongoing connection to and collaboration with FROs to strengthen and enhance family voice and choice,
  - c. The education of provider staff on FRO support and services,
  - d. Connection of any family beginning services with parent peer support partner and/or other forms of FRO support. Parent peer support is not a clinical intervention and therefore not subject to approval by the clinical team. Families shall be allowed to self-refer,
  - e. Providers recognize FRO’s as the premier source for what family involvement is and how it can be meaningfully implemented, and
  - f. Provider staff are trained on the description of Family Run Organization.

**C. RECOGNITION AND INTEGRATION OF FAMILY INTO PREVENTION AND TREATMENT PROGRAMS.**

**DEFINITION:** In reality, parents/caregivers are the first line of “treatment” for their children. Their ability to fully engage and collaborate with providers is critical to positive outcomes. Parent/Caregivers need opportunities for cultivation of skills, development and training, empowerment in practice through mentoring.

1. The Contractor shall ensure:
  - a. Providers give to all parents/caregivers information and education on the availability of Parent Peer Partners/Youth Partners, and support groups at FROs or in the community to all parents at first contact and at every CFT thereafter,
  - b. FRO referral and family inclusion are built into service plan objectives,
  - c. Providers shall be sensitive to recognize each individual’s unique milieu and relationships and shall draft treatment plan within consideration of such,
  - d. Providers give parents/caregivers the opportunity to understand the difference between family support provided by a professional who does not have lived experience and parent peer support provided by a parent peer with lived experience raising a child with behavioral health challenges and other complex needs,
  - e. The holistic well-being of the child and family is addressed. Children receiving behavioral health services may also experience significant physical health challenges. Fostering connections with pediatricians and primary care shall be part of any treatment plan, and
  - f. Providers shall include parent, caregiver and youth input when developing training materials at all system levels related to family support, family involvement, and Child and Family Team (CFT) practice.

**D. INTEGRATION OF FAMILY INTO PROFESSIONAL ROLES IN THE ORGANIZATIONAL SYSTEM.**

**DEFINITION:** AHCCCS System of Care requires that opportunities exist for family members to participate at all levels as family and system resources. Family voice enriches and strengthens system and treatment outcomes as family members bring an array of experience with raising a child with complex needs. Integration of family members inspires a paradigm shift that focus on removing barriers and discrimination created by stigma and implicit bias.

1. The Contractor shall ensure:
  - a. Providers create substantive positions for family members that include appropriate professional development, training, and mentoring opportunities,
  - b. Providers create a pathway for professional growth, including a parent/caregiver workforce development plan, and
  - c. Providers understand and create family work roles. Examples of family work roles include Outreach, Navigator, and Community and Family Integration Coordinator/Consultant, etc.