

**583 – FAMILY INVOLVEMENT IN THE CHILDREN’S BEHAVIORAL HEALTH SYSTEM<sup>1</sup>**

EFFECTIVE DATE: [UPON PUBLISHING<sup>2</sup>](#)

APPROVAL DATE: [02/08/24<sup>3</sup>](#)

**I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), DES/DDD (DDD) Contractors. This Policy is an optional resource for Fee-For-Service programs and is not a requirement for FFS providers. This Policy establishes requirements for the Contractor to ensure the System of Care has a culture that promotes meaningful family involvement at all levels.

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy:

<b>CHILD AND FAMILY TEAM (CFT)</b>	<b>CONTRACTOR</b>	<b>FAMILY-RUN ORGANIZATION</b>
<b>MEMBER</b>	<b>PROVIDER</b>	

**III. POLICY**

This Policy establishes requirements for the Contractor to ensure a system of care that values family involvement, collaboration, advocacy, and communication at all levels. A system that understands that the parent/primary caregiver holds vital information about the child, family history and culture. The child and parents/caregivers hold the keys to creating not just a Service Plan, but to successful treatment that provides the best chance for a child to achieve the goals set forth in the Arizona Vision (refer to AMPM Policy 580). The Contractor shall ensure that providers value both the unique perspective and voice of parents’ as it relates to their child’s services and to the system as a whole.

**A. FAMILY INVOLVEMENT IN A CHILD’S TREATMENT**

1. The Contractor shall ensure:
  - a. Providers build family inclusion into service plan objectives,
  - b. Providers consider each individual’s unique needs and strengths and shall draft a treatment plan utilizing a person-centered approach,

<sup>1</sup> [AMPM Behavioral Health Practice Tool 240 is reserved as pertinent information has been incorporated in new AMPM Policy 583.](#)

<sup>2</sup> [Date Policy is effective.](#)

<sup>3</sup> [Date Policy is approved.](#)

- c. Providers understand that parents/caregivers are the first line of advocacy and intervention for their children. Their ability to fully engage and collaborate with providers is critical to positive outcomes,
- d. Providers are educated about the benefits of family support services. Family support as a best practice reduces stigma that can lead to isolation and self-blame. This can be helpful for engaging families and removing barriers that prevent families from reaching out and connecting with available supports and services,
- e. Providers give to all parents/caregivers, the information and education on the availability of family support partners, and support groups at Family Run Organizations (FRO) to all parents at first contact and at every Child Family Team (CFT) thereafter,
- f. Providers educate all families beginning services on family support services and offer to connect families to a family support partner or to a FRO for this support (refer to AMPM Policy 320-O), and
- g. Providers educate families on the difference between family support provided by a professional who does not have lived experience and parent peer/family support provided by an individual with lived experience supporting a child with behavioral health challenges and other complex needs. In addition, the providers shall provide information regarding Credentialed/Family Support Partner (CFSP) refer to AMPM Policy 964:
  - i. Family support is a system navigation tool that families can self-refer to a provider including FROs to receive this service,
  - ii. Providers must either provide family support or develop a partnership with a FRO or another organization to refer families for family support, and
  - iii. Families are given voice and choice in the provider organization that provides family support and whether the provider has lived experience.

## **B. FAMILY INVOLVEMENT IN THE CHILDREN'S SYSTEM OF CARE**

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 focuses 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,
  - c. Providers understand and create family work roles. Examples of family work roles include outreach, navigator, and community and family integration coordinator/consultant, etc., and
  - d. Family feedback regarding the Children's System of Care is obtained in order to inform system and service delivery improvements.

2. The Contractor shall ensure the following for tracking and monitoring:
  - a. Providers develop a data driven annual plan of strategies to incorporate and sustain family involvement,
  - b. Providers utilize billing modifier, CG, for services provided by a CFSP and track outcomes related to services provided, and
  - c. Providers that provide family support have sufficient family support staff to meet the needs of the members they serve, and caseload sizes are monitored to ensure all member’s needs are met.

**C. TRAINING**

1. The Contractor shall ensure:
  - a. Providers are trained on the requirements of this policy and notified when updates are made,
  - b. Training materials for providers are developed with input from parents, caregivers and youth,
  - c. Providers train staff with evidenced-based practices that assist in reducing discriminatory behaviors towards families engaged in the system (i.e., implicit bias),
  - d. Providers shall train on evidence-based practices of meaningful family involvement for all employees as part of orientation, during the performance review process, and on an ongoing basis,
  - e. Training shall include annual review of Arizona Vision and 12 Principles and implementation as required by AMPM Policy 580,
  - f. Providers shall train staff on the role of CFSP and the value of receiving family support from a person with lived experience in raising a child with significant behavioral health challenges, and
  - g. Ongoing education of provider staff on the description of FRO and the support and services provided by FROs.

**RESERVED<sup>4</sup>**

**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.

<sup>4</sup> [AMPM Behavioral Health Practice Tool 240 is reserved as pertinent information has been incorporated in new AMPM Policy 583](#)

~~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.