

# Children and adolescents in foster and adoptive care

Understanding children's needs, support and treatment



Mercy Maricopa Integrated Care (Mercy Maricopa) wants to ensure that all children and adolescents in foster care in Maricopa County get the behavioral health services they need when they need them. We provide this support by connecting children and adolescents to high-quality care. We are also here to support you - their families - in this journey. Because we know that opening your homes and hearts to children in need of temporary care can be both gratifying and, at times, challenging.

This brochure will help find the right behavioral health support and care.



## Understanding children's needs

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### **Emotional and behavioral needs**

Being removed from their home and placed in foster care is difficult and can be a traumatic experience for any child. Many children are placed in foster care due to some form of serious abuse or neglect. Research tells us that children in foster care often have a emotional, behavioral or developmental problems. Physical health problems are also common. These problems and behaviors can appear suddenly or occur over time. If you notice a child in your care showing any of these behaviors, he or she may need professional behavioral health support. It's important to report any of these behaviors to your behavioral health provider and Department of Child Safety (DCS) Specialist.

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behavior.

In regards to forming healthy attachments, traumatized children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries as well as distrust and suspiciousness. As a result, children that have experienced trauma can become socially isolated and have difficulty relating to and empathizing with others.

Common emotional, behavioral and physical problems of children in foster care:

- Poor verbal skills
- Poor appetite, low weight, and/or digestive problems
- Stomachaches and headaches
- Poor sleep habits
- Nightmares or sleep difficulties
- Wetting the bed or self after being toilet trained or exhibiting other regressive behaviors
- Memory problems
- Difficulties focusing or learning in school
- Learning disabilities
- Poor skill development
- Displaying excessive temper
- Demanding attention through both positive and negative behaviors
- Behavior that is indicative of a younger age
- Acting out in social situations
- Imitating the abusive/traumatic event
- Verbally abusive
- Screaming or crying excessively
- Startle easily
- Unable to trust others or make friends
- Fearing adults who remind them of the traumatic event
- Fear of being separated from parent/caregiver
- Anxious and fearful and avoidant
- Irritability, sadness, and anxiety
- Acting withdrawn
- Lacking self-confidence
- Believing they are to blame for the traumatic experience

For older children and adolescents:

- Engaging in more risky behaviors
- Sense of isolation and not belonging
- Negative self-esteem related to feelings they don't understand
- Intrusive thoughts of self-harm
- Substance abuse

It is important to note that with the right support and care, most children show extraordinary resiliency and determination. They can and do get better with treatment and go on to live fulfilling lives.

## **How Parents/Caregivers Can Help**

Research on resilience in children demonstrates that an essential support need for children to develop self-care skills and confidence is the reliable presence of a positive, caring, and protective parent/caregiver, who can help shield children against difficult experiences. They can be a consistent resource for children in

their care, encouraging them to talk about the experiences. And they can provide reassurance to the children that the adults in their life are working to keep them safe.

## 24-hour Behavioral Health Crisis Line

For behavioral health emergencies, contact your provider (if you have one) or the 24-hour Behavioral Health Crisis Line at **1-800-631-1314** (TTY **1-800-327-9254**). The Crisis Line is available at no cost, 24 hours a day, 7 days a week to anyone in Maricopa County. ***If a situation is life threatening, always call 911.***



## Support

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### Connecting you to the right care

The foundation of our children's system of care is based on the Arizona Vision and 12 Principles. The Arizona Vision states: *In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage.*

We are here to help you and the children in your care. Our behavioral health services are designed to meet your child and family's needs. To help the child and the whole family thrive. We believe that treating the *whole child* is one of the keys to achieving that goal. Mercy Maricopa allows you and your child to choose your health care providers. We work with you and your child to find someone who fits your health and wellness goals.

The Comprehensive Medical and Dental Program (CMDP) provides physical, dental, and vision healthcare coverage to children in Department of Child Safety out of home care. To learn about the benefits available to you, to find a provider, or to discover more about coverage through CMDP please visit [www.azdes.gov/cmdp](http://www.azdes.gov/cmdp) or call **602-351-2245**. Mercy Maricopa partners with DCS/CMDP to provide behavioral health services.

## Navigating the behavioral health system

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When children first enter into the DCS system, a Rapid Response behavioral health service provider will come to the child's placement to enroll the child in behavioral health services, assess their immediate behavioral health needs, provide valuable information to their placement and connect them to services through a Primary Provider Service Agency. If a child in DCS custody is not currently receiving behavioral health services, then the child should be enrolled with a behavioral health provider.

To find a behavioral health provider for a child not enrolled with a provider agency, the DCS Specialist assigned to the foster child should call Mercy Maricopa Member Services at **602-586-1841** or toll-free **1-800-564-5465** (TTY/TDD: **711**). You can also search our Provider Directory online at [www.mercymaricopa.org/find-provider](http://www.mercymaricopa.org/find-provider). A Primary Provider Service Agency will be assigned by Member Services depending on the guardian's preference and area of residence.

Once the Primary Provider Service Agency has been contacted, an intake should be scheduled within 7 days of the call to a provider. An initial intake appointment will include gathering information for an assessment from the guardian, the child and the child's DCS Specialist, as well as available family and other supports. Information about the child's family, educational, behavioral and medical history should be brought to the intake appointment to assist in quickly meeting the child's individual needs and coordinating care. Any medical or behavioral service provider information and a list of current medications should be provided to assist in developing an Individual Service Plan (ISP).

If you have further questions or concerns about the behavioral health system, please contact us by email at [DCS@mercymaricopa.org](mailto:DCS@mercymaricopa.org).

## Caregiver support

Caring for children who have experienced disruption in their lives, although oftentimes rewarding, can be challenging at times. Community-based services, such as respite care, direct supports, counseling, case management and family support can be provided to support not only the child, but some of the caregiver needs. Behavioral health providers are often aware of services and supports in the community outside of the behavioral health system that can be engaged to support the caregiver, as well as the child. Additionally, caregivers often need additional natural supports, such

as scheduling personal time, talking to trusted friends, exercise, and involvement in relaxing or fun activities to regularly focus on themselves.

## Treatment

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At the child's first appointment, the guardian/caregiver helps identify service providers to join you and the child to serve on the child's clinical team. You will also help decide who will be on the Child and Family Team (CFT). The CFT is based on a clear vision and set of principles designed to allow everyone on the team to have a voice and choice when deciding on what services and supports will best meet the needs of the child, family and caregiver.

### About the Child and Family Team (CFT)

- The Child and Family Team (CFT) includes, at a minimum, the DCS guardian and the behavioral health professional. Additional members are:
  - The child (as deemed appropriate)
  - The child's parents or previous guardian
  - The child's foster parent or kinship family
  - Anyone who is important in the child's life that is identified and invited to participate by the child and family. This may include:
    - Teachers
    - Extended family members
    - Friends
    - Family support partners
    - Case managers from the state Department of Child Safety (DCS) or Division of Developmental Disabilities (DDD)
    - All current behavioral health providers
- The Team works together on your child's goals. This includes assessments and service planning.
- The amount of the team's involvement may depend on:
  - Objectives set for the child
  - Needs of the family in providing for the child
  - Resources needed to develop an effective service plan
- The CFT membership can change as needed to help the child be successful.
- As your child approaches adulthood, the CFT can help smooth the transition to adult behavioral health services.

You will be working closely with your child's clinical team to assess how things are going. This allows you and the CFT to regularly review the child's progress. The CFT can identify gaps in care or unmet needs. The CFT may develop a crisis plan that will assist the CFT in anticipating crises and identifying appropriate responses and supports. You and the team will decide which services are needed so the child gets the best possible care.



There are many services available to youth in foster care. These services may also be available after a child is adopted from foster care. Here are some examples:

- DCS Rapid Response
- DCS Stabilization Teams
- High-needs case management
- Direct support services (includes rehabilitation services)
- Psychiatric services
- Individual and family therapy
- Specialty treatment services

A list of available services is on our website at [www.mercymaricopa.org/members/mmic/benefits](http://www.mercymaricopa.org/members/mmic/benefits). You can also find a list of services in the member handbook. If you're unsure whether a service is covered, check with your provider or call Member Services.

## Community resources

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### **Arizona Association for Foster and Adoptive Parents**

The Arizona Association for Foster and Adoptive Parents is a non-profit, statewide organization serving families who adopt children and provide foster and kinship care. The association supports, educates and provides a unified voice for Arizona's foster and adoptive families, with the goal of increasing the well-being and stability of Arizona's most vulnerable children.

2320 N. 20th St., Phoenix, AZ 85006-2059

**602-884-1801**

**[www.azafap.org](http://www.azafap.org)**

### **Family Involvement Center (FIC)**

Family Involvement Center (FIC) is a non-profit, family-run organization that supports parents and caregivers raising children with emotional, physical and/or behavioral health needs. FIC provides direct support services to parents and youth (for those enrolled in public behavioral health services), resources and assistance with health services and children's systems, support groups, education and training. 5333 N. 7th St., Ste. A100, Phoenix, AZ 85014

**602-288-0155 or 1-877-568-8468**

**[www.familyinvolvementcenter.org](http://www.familyinvolvementcenter.org)**

### **Raising Special Kids**

Raising Special Kids provides support and information for parents of children, from birth to age 26, with a full range of disabilities and special health care needs. Programs are offered at no cost to families, and are available in English and Spanish. 5025 E. Washington St., Ste., 204, Phoenix, AZ 85034

**602-242-4366 or 1-800-237-3007**

**[www.raisingpecialkids.org](http://www.raisingpecialkids.org)**

## **MIKID**

MIKID is a non-profit, licensed outpatient clinic and family-run organization that contracts with all the Regional Behavioral Health Authorities (RBHAs) in the state to provide behavioral health services. MIKID offers in-home and community supports across the state. MIKID is the State Chapter of the Federation of Families for Children's Mental Health.

2642 E. Thomas Rd., Phoenix, AZ 85016

**602-253-1240**

**[www.mikid.org](http://www.mikid.org)**

## **Child Welfare League of America (CWLA)**

CWLA is a coalition of hundreds of private and public provider agencies partnering to advance policies, best practices and collaborative strategies that result in better outcomes for children youth and families that are vulnerable.

**202-688-4200**

**[www.cwla.org](http://www.cwla.org)**

## **National Child Traumatic Stress Network**

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services.

**[www.ncstn.org](http://www.ncstn.org)**

More resources are available online at

**[www.mercymaricopa.org/community-guide](http://www.mercymaricopa.org/community-guide)**.

Effective April 1, 2014, Mercy Maricopa Integrated Care began operations as the Regional Behavioral Health Authority for Maricopa County. Funds for services are provided through a contract with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS).

Sources: American Academy of Child & Adolescent Psychiatry and the National Child Traumatic Stress Network

**[www.MercyMaricopa.org](http://www.MercyMaricopa.org)**

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