



BEHAVIORAL HEALTH RESOURCE GUIDE

As a foster parent, you provide a valuable service by helping families through temporary difficult situations and meeting the needs of children in times of crisis and change. We offer this guide as an aid to your role as a foster parent.



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**ARIZONA DEPARTMENT OF
CHILD SAFETY (DCS)**

A New Beginning for Arizona’s Children

Arizona Child Abuse Hotline:

1-888-SOS-CHILD
(1-888-767-2445)

DCS Website:

www.dcs.az.gov



Research tells us that foster children have disproportionately high rates of physical, developmental, and mental health problems. One government study compared children receiving Medicaid not in foster care with children receiving Medicaid in foster care and found foster children enrolled in Medicaid had much higher rates of developmental disorders, certain medical disorders (e.g. vision and hearing problems, teeth and jaw disorders, infections, infestations), and a number of behavioral disorders, including attention deficit and adjustment disorders. (Center for Mental Services and Center for Substance Abuse Treatment, 2013). This same study showed that children aged 12 through 17 in foster care had three times as many behavioral/mental health diagnoses and were more than twice as likely to require inpatient care of any kind compared to children not in foster care.



The risk factors associated with foster care, such as maternal separation and multiple placements, can contribute to long-term and even lifetime problems. Studies such as the CDC-Kaiser Permanente Adverse Experiences (ACE) study from the U.S. Centers on Disease Control and Prevention show that, without intervention, adverse childhood traumatic events (ACES) can result in long-term disease, disability, chronic social problems and early death. The study asked 10 childhood trauma questions and counted each type of trauma as one, no matter how many times it occurred. On average, children exposed to six (6) or more ACEs died at age 60 years, whereas children without ACEs died at age 79.

For more information on the ACE study visit www.ACEstudy.org or www.NASMHPD.org or www.TheAnnalInstitute.org

Regional Behavioral Health Authorities (RBHA)

Arizona's Medicaid program, called the Arizona Health Care Cost Containment System, or AHCCCS, is the permanent authority for publicly-funded behavioral health services in Arizona for foster children who are CMDP (Medicaid) eligible. AHCCCS contracts with Regional Behavioral Health Authorities (RBHAs) to have a network of providers, clinics, and other appropriate facilities and services to deliver behavioral health services to eligible foster children.

Most CMDP foster children receive their behavioral health services from a RBHA. Foster children are automatically enrolled in the RBHA at the time they are made eligible for AHCCCS (Medicaid). RBHAs are assigned to children in foster care according to the zip code of the court of jurisdiction involved in removing the child from the home.



Foster children identified as Native American are automatically assigned by the AHCCCS system to receive behavioral health services from a Tribal Regional Behavioral Health Authority (T/RBHA). Native Americans, however, who are assigned to T/RBHA, have the option to choose to receive their services from a RBHA or T/RBHA. In addition, some foster children who meet the eligibility for Division of Developmental Disabilities (DDD) services may be enrolled in Arizona Long Term Care Services (ALTCS) for medical and a RBHA for behavioral healthcare [see Division of Developmental Disabilities (DDD) for more information].

The state is divided into geographical services areas (GSAs) and are served by three (3) contracted RBHAs and three (3) Regional Tribal Behavioral health Authorities (T/RBHA).

<i>Behavioral Health Plans (RBHAs)</i>	<i>Geographic Service Area (GSA)</i>
Arizona Complete Health – Complete Care Plan	South Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA
Mercy Care Arizona	Central
Steward Health Choice Arizona	North
T/RBHAs	American Indian foster children can get integrated (physical and behavioral health services) through CMDP/RHBA or American Indian Health Plan (AIHP)/T/RBHA

Note: Foster parents can access the Behavioral Health Service Locator by visiting the <https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/behavioralhealthservicesmap.html> website. The child’s CMDP Member ID card will contain the name of their RBHA that will be responsible for providing their behavioral health services.



Comprehensive Medical and Dental Program (CMDP)

Member Services: (602)-351-2245

Foster Care and Adoptive Family Liaison: (877)-KIDS-NEEDU or (877)-543-7633

After Hours (DCS Child Abuse Hotline): (888)-SOS-CHILD or (888)-767-2445

Email: CMDPMemberServices@azdcs.gov

Website: <https://dcs.az.gov/services>

AHCCCS-Clinical Resolution Unit

Email: DCS@azahcccs.gov

Website: www.azahcccs.gov/foster

DCS is not funded to provide behavioral health services for AHCCCS (Medicaid -Title XIX) eligible foster children. As you learned earlier, these children receive behavioral health services through the RBHA.

Foster Children who are Non-AHCCCS (Title XIX) eligible

Children who are not AHCCCS (Non-Medicaid - Non-Title XIX) eligible, receive their behavioral health services through DCS via CMDP. For assistance obtaining behavioral health services for children who are non-AHCCCS eligible, foster parents should contact the CMDP at (602) 351-2245 or 1(800) 201-1795.

Behavioral Health Services Available to Foster Children

Arizona's public behavioral health system offers a variety of services and supports through local behavioral health providers. Behavioral health services include but are not limited to:

- Behavioral management (behavioral coach, family support, peer support).
- Emergency/crisis behavioral health services.
- Mobile crisis intervention.
- Emergency and non-emergency transportation.
- Group, individual, and family therapy and counseling; including trauma informed practices.
- Inpatient hospital/psychiatric facilities.
- Psychotropic medication adjustment and monitoring.
- Respite care (with limitations). Respite services offer short term behavioral health services or general supervision that provides rest or relief to a family member.



- Evaluation and screening.
- Home Care Training to Home Care Client (HCTC) (formerly known as Therapeutic Foster Care)
- Rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
- Assistance in dealing with family loss and separation when a child leaves the foster home.

Family Run Organizations employ seasoned parents (biological, foster, kinship or adopted parents) who have “real life experience” in the behavioral, medical and/or DCS systems. They are trained in providing family support services and work in tandem with foster parents to provide one-on-one support.

Emergency Care

Foster parents may take the foster child to a hospital for a behavioral health assessment. DCS must provide consent if the foster child needs to be admitted. Foster parents must notify DCS of the trip to the Emergency Department and/or psychiatric hospital visit as soon as possible.

Children’s Rehabilitative Services (CRS)

Children in care with CRS qualifying conditions will get physical health services, including services for their CRS condition, through CMDP and behavioral health services through the RBHA.

CRS Statewide Team

The CRS team is always available to answer foster parents’ questions. Foster parents may email CMDPCRSNurse@azdcs.gov or call CMDP at 602-351-2245 or toll free at (800) 201-1795 and ask to speak with a CRS staff member. Foster parents can also find information and are encouraged to visit the AHCCCS website (www.azahcccs.gov).

HB 2442 “Jacob’s Law” and The Arizona Vision

On March 23, 2016 Governor Ducey signed HB 2442, known as “Jacob’s Law,” which sets specific timelines for the RBHAs to provide behavioral health services to children in foster care and empowers foster parents to access services if timelines are not met.

The Department of Child Safety (DCS) goal is to ensure that all children and families served by DCS receive appropriate behavioral health and substance abuse services. The “Arizona Vision” for children is built on 12 principles which the Regional Behavioral Health Authorities (RBHA) and Arizona Health Care Cost Containment System (AHCCCS) are obligated and committed to provide. These principles affirm the use of best practices to achieve positive functional outcomes, stability and independence for the enrolled foster child. The Arizona Vision and 12 Principles of the Children’s System of Care 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 are to 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.

For more information on the Arizona Vision or the 12 Principles, visit the DCS website at <https://dcs.az.gov/services/prevention-and-family-support/behavioral-health-services>.

Navigating the Behavioral Health System

Jacob's Law helps foster children gain easier access to behavioral health services provided by the RBHA and the oversight agency, Arizona Health Care Cost Containment System (AHCCCS). The following are the established standards for behavioral health services:

- ***Within 24 hours DCS sends a referral for Rapid Response*** – DCS must refer all children entering out-of-home care to the local RBHA for a behavioral health assessment within **24 hours** of removal. The DCS Specialist is encouraged to participate (as well as foster parents) in every assessment process in person and provide information pertinent to an effective assessment. The DCS Specialist must also monitor the appropriateness and timeliness of services being provided by the RBHA and advocate for the foster child's behavioral health care needs.

Note: If the DCS Specialist fails to submit the referral to the child's local RBHA, foster parents may contact the child's RBHA and request a rapid response assessment which can identify needed services and providers.

- ***72 Hours after Rapid Response Referral (or 2 hours for a crisis response)*** – An initial in-home assessment will be provided by the assigned RBHA. A Rapid Response team will come to the foster child's placement to enroll the foster child in behavioral health services, assess their immediate behavioral health needs (triage any crisis or trauma-related issues, screening for developmental delays), provide foster parents valuable information and connect them to services through an assigned behavioral health service provider.
- ***7 days after Rapid Response Assessment (or 24 hours for an urgent need)*** – Once the assigned behavioral health service provider has been contacted, they will provide an initial Behavioral Health Assessment within 7 days of a referral or request for services. The initial evaluation will include the assigned behavioral health provider gathering information for an assessment from the child's primary/biological parents (if applicable), the foster parent(s), the child (if age appropriate) and the DCS Specialist, as well as available family and other supports. Foster parents are encouraged to bring information about the child's family members, educational, behavioral and medical history to the intake appointment to assist in quickly meeting the foster child's individual needs and coordinating care. Any medical or behavioral service provider information and a list of current medications should also be provided to assist in developing an Individual Service Plan (ISP).



- **21 days after Initial Evaluation**– Following the determination of a medically necessary behavioral health need, the first appointment must be within 21 calendar days of the assessment. Behavioral health services should be provided at least monthly for the first six months after a child enters DCS custody. Service intensity and frequency will depend on the discussed needs of the child and family.

Note: From the start of the foster child’s referral, entry to the Behavioral Health (BH) process could take up to 30 days and be within the appropriate timeliness standards set by the law.

If the foster child is currently receiving BH services when they enter out of home care with DCS, the Rapid Response Assessment is expected to occur within a 72 hour timeframe by the child’s current BH provider. The foster child’s current BH services should continue and an emergency Child and Family Team may be warranted. However, the services may change as the needs of the child change.

Additional Timeframe

- **72 Hours** – If a foster child displays behaviors which are threatening or dangerous to the life and safety of the foster child or others in the home, foster parents may request residential treatment directly from the RBHA. When this occurs, the RBHA must provide a response within 72 hours of the request.

Access to services is critical for foster children, so foster parents may contact the health care plan and AHCCCS points of contact at any time to report that a needed appointment has not yet been scheduled. Advance notification gives the health plan the opportunity to proactively locate a network provider. Foster parents are encouraged to:

1. Email or call the health plan’s designated point of contact (listed in the table below); and
2. E-mail or call the AHCCCS customer service line to report assessment of need and lack of a provider appointment DCS@azahccs.gov or (602) 364-4558 or (800)-867-5808

Child and Family Team (CFT)

The Child and Family Team (CTF) process begins during the initial assessment/ evaluation stage, which occurs within seven (7) days of the Rapid Response referral or request for services.

The CFT includes, at minimum:

- Foster parent
- Behavioral health representative (e.g. Case Manager or Recovery Coach)
- Foster child (participation in meeting depends upon developmental appropriateness per age and nature of discussion)
- Child’s primary/biological parent or previous guardian
- DCS Specialist
- Anyone who is important in the foster child’s life identified and invited to participate by the child and family and approved by the DCS Child Safety Specialist. This may include:



teachers, Division of Developmental Disabilities, extended family members, family support partners, and friends.

- CFT facilitator may need DCS Specialist and/or foster parent's written permission, called a Release of Information, to invite others to participate in team meetings.

The team addresses the mental health, substance abuse and subsequent related issues affecting the foster child and his/her family. The foster child, primary/biological parents, and foster parents should be present at each meeting to address the current issues and how it affects the mental functioning (education, social, development, health, spiritual) of the child and/or family. The participation of the child will vary depending on his his/her age and level of development.

Every foster child receiving behavioral health services will have an Individual Service Plan (ISP) developed by the assigned behavioral health service provider and Child Family Team (CFT) for behavioral health services. The DCS Specialist should participate in the development of the ISP. They are also responsible for ensuring that the ISP identifies:

- Measureable goals and objectives.
- Dates by which achievement of those goals and objectives is expected.
- Specific services and activities intended to assist the foster child in achieving those goals.
- Name of the provider involved in the delivery of services.

The DCS Specialist is also required to ensure that services are based on the family strengths and culture, and be directly related to the family plan and the behavioral health safety/crisis plan. In addition, the DCS Specialist must ensure that the RBHA providers develops the ISP within the specific timeframes. An ISP must be developed within two (2) weeks of completion of the initial evaluation and assessment.

Foster parents can play an important role in the CFT process. Some of the responsibilities should include:

- Active participation in the process of assessing needs, developing and implementing the service and crisis plan.
- Providing valuable information about the foster child's strengths, needs, and accomplishments.
- Advising the team as to what supports and resources may be needed to achieve goals.
- Providing valuable information about the foster child's family culture, strengths, and values.
- Communicating any special accommodations needed such as scheduling or transportation.
- Describing the long range vision for their family and foster child.

Note: If the child requires a service which is not available in the RBHA's network, single-case agreements with non-network providers can be discussed at the CFT.



How do foster parents ask for changes in my foster child's treatment?

The first step is to raise the issue to the Child and Family Team. The child's CFT is responsible for regularly reviewing the child's response to services and supports. The CFT is expected to track the foster child's progress and adapt services to meet their needs. If the foster child is not making progress towards the goals established in the service plan (ISP), the CFT should work toward amending the services and supports. However, it is important to maintain some perspective and allow services time to become effective.

Note: If foster parents disagree with the behavioral health treatment being recommended through the CFT, the team, which includes the foster parents and the DCS Specialist, should reconvene and discuss the recommended treatment plan. Only DCS can refuse consent to medically recommended behavioral health treatment. If a RBHA denies services to a foster child and the CFT feels it is needed, foster parents should address their concern separately to the Supervisor or Manager of either the DCS Specialist or the assigned behavioral health (BH) service provider.

Foster parents can also talk to the provider that the foster child sees most often. That may be the therapist, or psychiatrist. They should be prepared to discuss their concern(s) and document the foster child's behaviors, especially those that the provider may not observe. It is crucial that they have good examples of the problems. The goal with the foster child's provider is to define what the problem might be and how to get the help foster parents and the foster child need.

Some of the questions foster parents may discuss with the child's provider(s):

- Is the medication working?
- Is this the best treatment for the foster child's diagnosis?
- Is there a different treatment?
- Has the foster child been diagnosed correctly?
- Does the foster child need additional behavioral health services?

If after consultation with the DCS Specialist and BH Provider further support is needed, foster parents can seek guidance by emailing DCSBHUnit@azdcs.gov.

The Importance of Family Participation in Treatment

The responsibility of the foster child's medical care should be a shared one. Several people – the DCS Specialist, foster parents, as well as the primary/biological parents – all have a role to play in the child's medical care and treatment. Everyone should be aware of the child's current health, medical problems, and need for medical examinations and immunizations. Research shows this will help improve the chances for a successful reunification or child's transition to adulthood. Research has also shown that when primary/biological parents and foster parents understand the child's diagnoses, results of their evaluation(s), and full range of treatment options, the child is able to make great gains that are maintained.



Choosing a Provider

A provider network is a group of providers who work with a RBHA and are available to provide behavioral health services. The foster child's RBHA will help the foster parents choose a provider from within the provider network. Foster parents can contact the provider to make, change, or cancel appointments.

If foster parents are experiencing difficulty in identifying a provider or scheduling an appointment, they should contact the behavioral health plan for assistance. If they are not satisfied with the health plan's responsiveness they should contact AHCCCS Customer Service at (602) 364-455 or (800)-867-5808; Email: DCS@azahcccs.gov.

Behavioral Health Treatment Information for a Foster Child

Foster parents must give the signed Notice to Provider form to the treatment provider in order to receive a foster child's behavioral health treatment information. The behavioral health provider must provide records and information related to the child's condition and treatment to them.

CMDP Member ID Card

The CMDP Member ID card will contain the name of the behavioral health agency (RBHA) that is responsible for providing behavioral health services.

Information Needed to Bring to an Appointment

Foster parents will need to bring the Notice to Provider form (given by your child's DCS Specialist), child's CMDP ID card, and their own personal identification (ID card) to the foster child's appointment.

Co-pays and Fees

The RBHA will pay for behavioral health services, including prescriptions that are medically necessary. If they have any questions or need help in determining if a behavioral health service or prescription is covered, they can call the RBHA phone number on the child's CMDP ID card.

Pharmacy

The RBHA is responsible for payment of behavioral health medications. Foster parents cannot use the CMDP Member ID card to pay for RBHA medication. CMDP does not cover the cost of these medications. They need to ask the RBHA doctor which pharmacy to use, and give the child's RBHA ID number to the pharmacist. If foster parents have any questions or problems filling a prescription for a foster child, they should contact the child's DCS Specialist who will arrange to have the medication covered.

Any prescribed medications used to treat the foster child must be ordered by a doctor. Even over-the-counter (OTC) medications should be used with caution. It is wise to consult the foster child's doctor when giving any of these medications to the foster child. Also, foster parents are



encouraged to communicate regularly with the DCS Specialist about what medication(s) the foster child is taking.

Psychotropic Medication and Other Medications

Psychotropic medication is one method of health treatment for foster children who experience behavioral problems. Psychotropic medications are drugs that affect the central nervous system resulting in changes in thinking, behavior, or emotion. Psychotropic medication may be prescribed for mood disturbances, anxiety, some impulse control problems and confused thinking. The best results from psychotropic medication treatment occur when psycho-social interventions are engaged simultaneously such as support partners, therapy, wrap-around services, etc.

Once a foster child is prescribed a psychotropic medication, the prescribing practitioner should request that the foster parents bring the child back for “medication monitoring” appointments. The frequency of these visits can vary depending on several factors including, but not limited to:

- Medication prescribed
- Child’s response to the medication
- Possible side effects that occur
- Age of the child
- Time since medication was prescribed

The Arizona Department of Health Services R9-21-207, states that each foster child receiving psychotropic medication shall be seen monthly or as indicated in the child’s ISP. This rule also states that all foster children have a right to be free from unnecessary or excessive medication. Additionally, medication shall not be used for punishment, for the convenience of the staff, or a substitute for other behavioral health services.

During medication monitoring appointments or CFT meetings, it is important for foster parents to discuss any possible side effects the foster child is having to a medication. While some side effects are anticipated and may go away after a period of time, others may be more serious and concerning. Reminder: the extreme heat in Arizona can worsen some medication’s side effects.

Transportation to Behavioral Health Providers

Foster parents are responsible for arranging their own transportation to and from behavioral health appointments. This includes using their own car, taking the bus, having a family member or friends give them a ride. If unsuccessful in arranging transportation, they can contact the foster child’s RBHA. CMDP is responsible for transporting the foster child to the initial appointment with the assigned behavioral health service provider, if necessary. If there is any question about responsibility for transportation to behavioral health providers, contact the CMDP Behavioral Health Unit at (602) 351-2245 or (800) 201-1795.



Dedicated Foster Care Hotlines

Foster parents can call the RBHA’s 24/7 Dedicated Foster Care Hotline to request assistance in managing behaviors, engaging in services, avoiding disruption from placement, avoiding crisis or hospital placement, to initiate Rapid Response or when 72 hours have passed and Rapid Response Evaluation has not been completed. Clinicians are available to provide short term in-home support to foster children and their foster parents. This can include a stabilization team to help manage behaviors and can provide home based instruction to help foster parents and children gain the skills needed to succeed.

Mercy Care Arizona (602)-633-0763	Arizona Complete Health (844)-365-3144	Steward Health Choice Arizona (928)-293-7038
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What Should Foster Parents Do When Foster Children are in Crisis?

A crisis is any situation in which a child’s behavior puts them at risk of hurting themselves or others and/or when foster parents are not able to resolve the situation with the skills and resources available. Foster parents are encouraged to:

- Consult the crisis plan that was developed by the behavioral health professional.
- Call the child’s local RBHA behavioral crisis line if they feel there is potential for serious harm and they want assistance or advice on how to stabilize the situation. RBHA crisis services include telephonic as well as mobile crisis teams. The Crisis Line should be able to connect them with supports within two (2) hours in most areas of Arizona. If the crisis team does not respond within two (2) hours, they are encouraged to call the designated health plan’s Children’s Liaison:

Maricopa County (800)-631-1314	Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties (866)-495-6735	Apache, Coconino, Gila, Mohave, Navajo, and Yavapai Counties (877)-756-4090
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- Call 911 if they feel there is a potential for immediate harm to them or others and they are unable to calm or stop the behavior. This includes domestic violence and serious destruction of property.

Questions or Request Assistance for Foster Children

Each RBHA has a DCS Liaison to assist DCS staff and foster families with accessing necessary behavioral health services for children and families involved with DCS. Additionally, the RBHAs have established a single point of contact to assist with ensuring that children in out-of-home care receive appropriate and timely behavioral health services to meet their needs.



The RHBA DCS email single point of contact can be used by DCS staff, foster parents, and congregate care providers to send questions and/or request any assistance in navigating or obtaining behavioral health services. Below are the RBHA DCS email addresses and contact information for each of the RBHAs. When sending emails, foster parents should provide a minimum amount of personal or sensitive information (should at least include the child’s case number).

PHYSICAL & BEHAVIORAL HEALTH PLAN INFORMATION	
<p>Mercy Care Arizona Foster Care Hotline: 602-633-0763 Children’s Liaison: 602-453-8095 Member Services: 1-800-564-5465 Email: DCS@mercycaarez.org www.mercycaarez.org</p>	<p>Arizona Complete Health Foster Care Hotline: 1-844-365-3144 Children’s Liaison: 520-809-6432 Member Services: 1-866-495-6738 Email: AzCHDCS@azcompletehealth.com www.azcompletehealth.com</p>
<p>Steward Health Choice Arizona Foster Care Hotline: 928-293-7038 Children’s Liaison: 928-214-2370 Member Services: 1-800-640-2123 Email: HCIC_dcs@steward.org www.stewardhealthchoiceaz.com</p>	<p>Comprehensive Medical and Dental Program Member Services: 602-351-2245 In-State Toll Free: 1-800-201-1795 Email: CMDPMemberServices@azdcs.gov https://dcs.az.gov/services</p>
<p>AHCCCS - Clinical Resolution Unit Phone: 602-364-4558 In-State Toll Free: 1-800-867-5808 Email: DCS@azahcccs.gov www.azahcccs.gov/foster</p>	<p>Department of Child Safety Phone: 1-602-255-2500 Foster Care & Adoption Phone: 1-877-543-7633 DCS Child Abuse Hotline: 1-888-767-2445 Email: GeneralInquiries@AZDCS.gov https://Dcs.az.gov</p>
<p>CRISIS Maricopa County: 1-800-631-1314 Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties: 1-866-495-6735 Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties: 1-877-756-4090</p>	

Additional Resources

Foster parents can access the AHCCCS Foster and Kinship Caregiver Resources by visiting https://www.azahcccs.gov/Members/Downloads/Resources/FosterCaregiverResourcePacket_09192018.pdf website

AHCCCS Resources for Foster/Kinship/Adoptive Families – www.azahcccs.gov/foster
Provides information on AHCCCS physical and behavioral health plans, reports, data and policy updates.

DCS Foster Family Resources – <https://dcs.az.gov/foster-adoption/resources/family-resources>
Provides contact information for many resources throughout the state including non-profit organizations, child care, faith-based, etc.

Arizona Family Resources – <http://www.azfamilyresources.org>



Provides resources for families, ranging from medical, educational, legal, etc. Also has a large calendar of events covering the entire state.

Behavioral Health Services for Children in Foster, Kinship & Adoptive Care Flyer

http://www.azahcccs.gov/Members/Downloads/Resources/BHSFosterCare_Rev092018.pdf

Crisis Services for Children in Foster, Kinship & Adoptive Care Flyer

https://www.azahcccs.gov/Members/Downloads/Resources/CrisisFosterCare_Rev092018.pdf

No Wait Lists! Flyer

https://www.azahcccs.gov/AHCCCS/Downloads/NoWaitList_06182018_English.pdf

Concerns about the Foster Child’s Services and/or Providers

Sometimes the assigned behavioral health provider may not complete an assigned task, be slow to secure a service, or cite barriers to accessing needed services or supports. In these instances, foster parents may want to consider filing a grievance or complaint. It is important that foster parents attempt to resolve these issues at the lowest level possible.

Before filing a grievance, foster parents should first speak to the person directly responsible for their foster child’s care about their concerns. They should write these concerns down before speaking to them. This will help them bring clarity to the situation and help them remain focused on the issues at hand.

If the direct conversation does not yield satisfactory results, they could ask to speak to the person’s Supervisor or Director. Again, they should document their concerns and dates and times of each conversation

If the foster parent is not satisfied with the response, or lack of response, issues can be elevated to the RHBA. If the RBHA does not satisfactorily respond or they desire higher level intervention, then the AHCCCS customer service line is available to support at 602-364-4558 or 1-800-867-5808.

If attempts to resolve the issue directly with the provider have failed, please consult the RBHA member handbook for instructions on filing a grievance with the RBHA or AHCCCS.

Division of Developmental Disabilities (DDD)

DCS works collaboratively with the Department of Economic Security (DES) Division of Development Disabilities (DDD) to provide services to foster children who are eligible for DDD services. Foster children with a developmental delay or disability who appear to meet DDD eligibility criteria will be referred to DDD by the DCS Specialist or foster parents can self– refer the foster child.

A developmental disability is a disability that develops during childhood and impacts the child’s development. Some people are born with developmental disabilities, while others develop them



during early childhood. Causes are not always known, but may include: injuries, genetics, medical issues or toxins.

Arizona's definition of developmental disability includes the following four diagnoses:

- cognitive disability
- cerebral palsy
- epilepsy
- autism

The services are based on age, specific eligibility based on federal requirements and referral/application.

DCS is expected to refer all children under the age of three:

- who have been removed and in DCS custody, to the Regional Behavioral Health Authority (RBHA) for a developmental screening and a behavioral health assessment
- if the RBHA screening or assessment indicates that the child has a developmental concern, the RBHA will:
 - ✓ make a referral to AzEIP for early intervention services
 - ✓ notify the DCS Specialist and the child's primary care physician (PCP) of the results and of the AzEIP referral
 - ✓ include AzEIP in the Child and Family Team (CFT)

Children ages 3-6 years old may be eligible if they are risk for a developmental disability served by the Division. Children 6 to 18 years old may be eligible if they have a developmental disability which started before the age of 18 and is likely to continue indefinitely. For DDD eligibility requirements, visit DDD website at <https://des.az.gov/services/disabilities/find-out-if-you-or-a-family-are-eligible-for-ddd-services>

Note: Some foster children who meet eligibility for Division of Developmental Disabilities (DDD) services may be enrolled in Arizona Long Term Care Services (ALTCS) for medical and a RHBA for behavioral healthcare [see Division of Developmental Disabilities (DDD) website for more information.]

If the foster child becomes eligible for DDD services after placement in care, the Office of Licensing and Regulations (OLR) will work with the Office of Licensing, Certification and Regulation (OLCR). Foster parents may receive a license from OLCR for a Child Developmental Home (CDH) or become a Child Developmental Certified Home (CDCH) with an amended license issued by OLR.

If the foster child is not eligible for DDD services, contact Raising Specials Kids at 602-242-4366 for additional resources or visit <http://www.raisingpecialkids.org/>



Foster Parent Expectations

Advocate

Becoming a good advocate for a foster child takes time, knowledge, and experience. Foster parents may need to be persistent to get changes in the foster child's treatment. Foster parents should continue to ask questions and present the foster child's case. If the CFT is not knowledgeable about additional or specialized services, they should ask the RBHA to provide a CFT coach and/or technical assistance.

Document! Document! Document! No matter what system foster parents are encountering, it is important for them to be specific in their descriptions of the foster child's behaviors. They should describe issues in behavioral and factual detail. If there has been an unusual event, they are required to complete an Unusual Incident Report and provide a copy to their Licensing Agency worker, DCS Specialist, and the Office of Licensing and Regulation (OLR). Further information on this form will be provided later in this training.

Attend trainings offered for foster parents and children in foster care to help them understand what the expectations are for the role, learn how to adjust to the changes in the home, and gain perspective from individuals who have been in foster care in the past. By attending trainings, foster parents should be able to develop a better understanding and perspective.

Foster parents are not alone. They are encouraged to attend support groups and form supportive communities. These groups provide the opportunity to discuss their experiences, share ideas and offer support. Other foster parents may give them names of professionals/resources that have been helpful for them.

Caring for children who have experienced trauma can be very difficult, and can leave foster parents feeling drained and exhausted. In order to be effective, it is important that they take care of themselves, and get the support they need in order to effectively care for traumatized children.

Unusual Incident Report

Foster parents must immediately notify DCS and the child's licensing agency including, but not limited to the following incidents:

- a serious illness, injury or mental health crisis of a foster child requiring hospitalization or emergency room treatment
- any other unusual incident that seriously jeopardizes the health, safety, or well-being of a foster child

Foster parents must notify DCS and the child's licensing agency within 24 hours including, but not limited to the following incidents:

- injury, illness, change of medication error that requires a foster child to be seen by a doctor or medicine, physician assistant, or registered nurse practitioner
- life-threatening illness, injury, or the death of a household member



The initial notification can be by telephone, email, or in person. Foster parents must also document the incident by filling out the Unusual Incident Report. Within 24 hours of giving the initial required notice, foster parents must send DCS, their licensing agency, and Office of Licensing Regular (OLR) a completed Unusual Incident Report. An Unusual Incident Report is part of the Placement Packet and the licensing agency should be able to provide the foster parent with one (if needed). Foster parents should also keep a copy for their records.

Refer to **Handout #1.3 Title 21, Chapter 6, R21-6-326** for full details

Behavioral Health Services and Foster Parent Consent

Foster parents can consent to assessment, evaluation, and treatment for routine medical and dental treatment and procedures, including behavioral health services. Examples of behavioral health services foster parents can consent to include:

<ul style="list-style-type: none"> • assessment and service planning • counseling and therapy • rehabilitation services • medical services • psychiatric evaluation • psychotropic medication • laboratory services • crisis intervention services • behavioral health day programs 	<ul style="list-style-type: none"> • support services • case management • personal care services • family support • peer support • respite • sign language or oral interpretive services • transportation
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Reminder: Foster parents must notify the foster child’s DCS Specialist and their licensing agency within 24 hours of any non-emergency injury, illness, change of medication, or medication error that requires the foster child to be seen by a doctor of medicine, physician assistant, or registered nurse practitioner.

Behavioral Health Services and DCS Consent

DCS must consent to inpatient assessment, inpatient psychiatric care services, residential treatment services, therapeutic group homes, Home Care Training to Home Care Client (HCTC), and the termination of a behavioral health service and to change assigned behavioral health service provider.



Summary

Behavioral health issues are the most common health problems reported for children in care. If these issues are not addressed, problems may arise in placements. Foster children receive their behavioral health coverage through a Regional Behavioral Health Authority (RBHA), CMDP, and Division of Developmental Disabilities (DDD).

HB 2442, known as Jacob's law, ensures a behavioral health assessment is completed for every child in foster care within a required timeframe. If foster parents experience difficulty assessing needed behavioral health services or have any concerns regarding the quality of those services, they should contact the foster child's RBHA first.

If they are unable to satisfactorily resolve their concern through the RBHA, they can contact the AHCCCS customer service line for support at (602) 364-4558 or (800) 867-5808. Remember, foster parents have a voice!