

**Collaborative Protocol
Between Magellan Health Services and Arizona Department of Juvenile Corrections (ADJC)
Initial Implementation 9/1/2007**

Roles and Responsibilities in the Coordination of Child and Family Team Process

Regional Behavioral Health Authority (RBHA) and Arizona Department of Juvenile Corrections (ADJC),

The RBHA and ADJC agree to coordinate activities in the implementation of the Child and Family Team (CFT) Process. The elements of the Child and Family Team Process and the roles and responsibilities of each agency are outlined below. The RBHA and ADJC 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 and mechanisms for families to identify their roles within the structure of the behavioral health system
- ♦ reflects the family's voice.

ADJC and RBHA providers work in partnership, on behalf of children for whom ADJC has involvement and the responsibility to:

- ♦ make a positive difference in the lives of children and the community
- ♦ assist the child to become a responsible citizen
- ♦ ensure that the victim is included in the process

The Parole Officer has the responsibility of monitoring the child's compliance with parole terms, and coordinating the child's social/emotional/and mental health needs. Collaboration with the child, family, RBHA providers, and ADJC is important so that all parties can work together to assess the family's strengths and needs, monitor progress, provide appropriate treatment services and promote identification of natural supports. The RBHA provider must consult ADJC, with legal consent, to ensure that the goals are consistent with the child's conditions of parole.

ADJC and the RBHA provider shall work in partnership to develop an integrated service plan for children and families. Whenever possible, this shall be done in the context of a Child and Family Team meeting.

A. Intake and Assessment

RBHA Provider Responsibilities	ADJC Responsibilities
<p>Youth in Secure Care</p> <ol style="list-style-type: none"> 1. A referral for behavioral health services received from the ADJC Family Services Coordinator and/or Parole Officer with the guardian's signature serves as authorization for initial coordination of care. 2. Upon receiving a referral from ADJC, the RBHA provider will notify the assigned Parole Officer and/or Family Service Coordinator by e-mail within 2 business days that they have received the referral. 	<p>Youth in Secure Care</p> <ol style="list-style-type: none"> 1. If the Multi-Disciplinary Team (MDT) determines a need for behavioral health services for a youth whose AHCCCS enrollment is confirmed to be active, the Family Service Coordinator shall complete the following tasks: <ul style="list-style-type: none"> ⇒ 45 days prior to the youth's release if the plan is for return to home/community, contact the Provider Network Organization (PNO) with whom the youth is enrolled for the purpose of involving the child and family in case planning.

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<p>3. Upon referral of a youth with active AHCCCS enrollment, the RBHA provider will contact the parent/guardian to begin the intake and assessment process and will offer an appointment within <u>7 days</u> of the release date of the youth from the secure facility. The parent/guardian will be asked to sign all necessary consents and authorizations for release of information at the initial appointment.</p> <p>4. An assessment may only be completed for a youth currently in secure care if the youth's AHCCCS enrollment can be confirmed as active at the time of the assessment. Most youth in secure care are designated by Federal law to be on "Inmate" status and are thus ineligible for Medicaid-funded treatment services.</p> <p>5. For youth who are AHCCCS enrolled and who are prescribed psychotropic medication at the time of release from secure care, the RBHA provider shall endeavor to schedule a psychiatric appointment for the child to occur within 14 days of release, conditional upon active AHCCCS enrollment at the time of the appointment. The RBHA provider will notify the Parole Officer of the appointment date, time, and the name of the medical practitioner. If for any reason the youth misses the initial psychiatric appointment, the RBHA provider will prioritize rescheduling the appointment as quickly as possible.</p> <p>6. If the first appointment with the RBHA provider medical practitioner is not kept, the RBHA provider will notify the Parole Officer or the ADJC Family Service Coordinator within 1 business day. The RBHA Provider shall continue efforts to contact the family to schedule another appointment with a RBHA Provider medical practitioner prior to the date that the youth's medications are expected to run out. ADJC psychiatrists will consider writing up to an additional 15 days' prescription for youth who miss their initial psychiatric appointments with the behavioral health medical practitioner after release and who are at risk of running out of medication before a follow-up appointment with the RBHA Provider medical practitioner can be arranged.</p> <p>7. As part of establishing the Child and Family Team (CFT), the RBHA provider shall ask the Parole Officer whether there are any court orders (e.g., no contact orders) that affect the youth or the membership of the CFT. This information shall be part of the Criminal Justice Comprehensive Assessment addendum.</p> <p>8. The RBHA provider shall complete an assessment that shall focus on the</p>	<p>⇒ If the youth may be in need of out-of-home behavioral health treatment services, coordinate with the RBHA provider to submit a request with the guardian's signature, once the youth's AHCCCS enrollment has been confirmed to be active, to the RBHA for review for prior authorization.</p> <p>2. A referral to the RBHA for new enrollment of a youth in need of behavioral health services can be made only for a youth whose AHCCCS enrollment is confirmed to be active at the time of referral. The Family Services Coordinator will submit a Behavioral Health referral form to the selected RBHA Provider by fax or email. If ADJC and the child's guardian do not have a preferred RBHA Provider, ADJC will make the referral directly to Magellan by contacting the Customer Service line at 1-800-564-5465, and Magellan will refer to a PNO for assessment.</p> <p>3. If a youth being referred for behavioral health services is currently prescribed psychotropic medications that are to be continued upon the youth's release from ADJC Secure Care, the Family Services Coordinator shall notify the RBHA provider at the time of referral so that a tentative psychiatric appointment may be scheduled within 14 days of release. The referral for behavioral health services must be made at least 30 days in advance of release in order for the RBHA provider to schedule a psychiatric appointment within this timeframe.</p> <p>4. The Youth Program Officer III and the Parole Officer shall invite the RBHA provider to participate in monthly MDT meetings on an as-needed basis for youth referred for behavioral health services.</p> <p>5. Prior to a youth's release from the secure facility, the ADJC psychiatrist or approved designee shall provide the RBHA provider psychiatrist or approved designee information regarding the youth's current status, diagnosis, medications and recommended treatment.</p> <p>6. The Youth Program Officer III and Parole Officer shall be responsible for contacting the assigned RBHA provider and canceling any appointments made with a minimum 24-hour notice (72 hours if possible) if the youth is not to be released from the institution on the anticipated date.</p> <p>7. Upon a youth's release from secure care, the ADJC psychiatrist may provide the youth with a 15-day supply of medications, if applicable. ADJC psychiatrists will consider writing up to an additional 15 days' prescription for youth who miss their initial psychiatric appointments with the behavioral</p>

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<p>behavioral health needs of the child and family. The assessment process occurs over the first 45 days of behavioral health service and includes gathering information from the child, the family, natural supports, and other involved parties, such as the child's Parole Officer. The assessment includes information regarding the family culture and strengths, the functional strengths of the child, physical health history, co-occurring conditions, behavioral health needs of the child, and any other needs of the family.</p> <p>9. The RBHA provider shall participate in monthly MDT meetings on an as-needed basis for children enrolled in behavioral health services, as invited by the YPO III, Family Services Coordinator, and/or Parole Officer.</p> <p>10. The RBHA provider and CFT will mutually determine a Facilitator of the CFT process. The Facilitator is often the assigned Case Manager through the PNO or Qualified Service Provider (QSP), but may be another team member such as a therapist or family member.</p> <p>11. Assessment information gathered by the RBHA provider shall be used to develop an initial Behavioral Health Service Plan in partnership with the child and family. The initial Behavioral Health Service Plan identifies immediate needs, any crisis situation requiring immediate attention, and next steps to be followed for meeting these needs. The child and family's participation in developing this plan is essential.</p> <p>12. Once the initial assessment has been completed, the RBHA provider will notify the Family Services Coordinator of the name and contact information for the case manager and/or other primary staff who will be working with the youth and family.</p> <p>13. The RBHA Provider will make assessment information available to the Family Services Coordinator (as authorized by the parent/guardian) as needed for court reporting or hearings.</p> <p>14. In collaboration with the youth and family and with the ADJC Representative, the RBHA provider will assist the family in identifying extended family members and other natural supports who will be involved in the youth's behavioral health service planning and treatment process.</p>	<p>health medical practitioner after release, extending only to the day of the new appointment, for a youth at risk of running out of medication before a follow-up appointment with the BH medical practitioner can be arranged.</p>
<p>Youth on Conditional Liberty Status: Youth enrolled with AHCCCS and have a</p>	

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<p>Title XIX/Title XXI benefits:</p> <ol style="list-style-type: none"> 1. Upon receiving a referral from ADJC the RBHA provider will notify the assigned Family Service Coordinator by e-mail of their receipt of the referral. 2. When Family Service Coordinator submits a referral for services with guardian's signature, this shall serve as authorization for initial coordination of care. 3. Upon Referral, the RBHA provider schedules an appointment with the parent/guardian for the screening and assessment. An appointment is offered to occur within 7 days of referral. 4. The RBHA provider completes a comprehensive behavioral health assessment of the youth that focuses on immediate needs of the youth and family as well as addresses safety and trauma. The assessment process is conducted as described in the section above. 5. An initial (Interim) BH Service Plan is completed as described in the section above. 6. If the intake appointment is not kept, the RBHA provider will notify the Family Service Coordinator within one (1) business day, and will work with the youth and family to reschedule the appointment to occur within 7 days. 7. The RBHA provider and the CFT will mutually determine a Facilitator of the CFT process. The Facilitator is often the assigned Case Manager through the PNO or Qualified Service Provider (QSP), but may be another team member such as a therapist or family member. 8. Once the intake and initial assessment meeting has been completed, the RBHA provider will notify the Family Services Coordinator of the contact information for the Case Manager or other primary staff assigned to the CFT. 9. The RBHA provider will coordinate medically necessary behavioral health services for the youth and family. The RBHA provider will also maintain communication with the Parole Officer or Family Service Coordinator regarding CFT meetings and the youth's response to treatment. 10. The RBHA provider shall ask the Parole Officer if there are any court orders (e.g., no contact orders) that affect the youth or the establishment of a CFT. 11. The RBHA provider will make assessment information available to the ADJC Representative (as authorized by the parent/guardian) as may be required 	<p>Youth on Conditional Liberty Status</p> <ol style="list-style-type: none"> 7. Upon reviewing a case, the assigned Family Services Coordinator shall work with DES to determine if the child/family is currently eligible for AHCCCS. 8. If they are eligible but <i>not</i> enrolled, the Family Services Coordinator shall assist the family in applying for AHCCCS benefits. 9. When a child/youth is determined to be AHCCCS enrolled with a Title XIX/Title XXI Benefit and in need of behavioral health services, the Family Services Coordinator shall submit a Behavioral Health Referral Form for services, with the guardian's signature, which shall serve as authorization for initial coordination of care. 10. If ADJC and the child's guardian do not have a preferred PNO, the Family Services Coordinator will make the referral directly to Magellan by contacting the Member Services Line at 1-800-564-5465, and Magellan will refer to a PNO for intake and assessment. 11. The Parole Officer shall assist the family in the coordination of transport to the scheduled intake appointment as needed. 12. For the child's scheduled intake assessment, the Parole Officer or Family Services Coordinator shall make arrangements to provide any information that will benefit the coordination of care by utilizing the Release of Information Form and Consent to Treat Form. 13. To obtain crisis intervention, ADJC staff shall activate the services by contacting the Magellan Crisis Line at 800-564-5465.

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<p>for court reporting or hearings.</p> <p>12. During the initial assessment, in collaboration with the Parole Officer, the RBHA provider will engage the family in the CFT process and will consult the Parole Officer as to any restrictions or parameters that could affect the membership of the team. The RBHA provider will discuss with the Parole Officer any possible movement of the youth, such as an out-of-home treatment intervention.</p> <p>13. Magellan provides crisis services 24 hours a day, 7 days a week through the Crisis Response Network (CRN) to meet the behavioral health crisis needs of children and adults. For children enrolled with a RBHA provider, the RBHA provider has primary responsibility to address behavioral health crises that emerge during normal business hours, within the scope of the RBHA provider's ability to deliver covered services.</p>	

B. Child and Family Team Process

RBHA Provider Responsibilities	ADJC Responsibilities
<p>1. Strengths, Needs, and Culture Discovery:</p> <ul style="list-style-type: none"> • The RBHA provider shall meet with the youth and family to gather assessment information on the youth and family's strengths, needs, and culture. For youth with high needs, this assessment will take the form of a written Strengths, Needs and Culture Discovery (SNCD), which will be used to guide the CFT in selecting relevant interventions and utilizing natural and informal supports to assist with meeting identified needs. Assessment of the youth's strengths, needs, and culture includes information regarding life domains such as family life, independence, educational/vocational, social/recreational, behavioral/emotional, health, and other areas important to the youth and family. • Information gathering for the SNCD may be split between multiple meetings and includes participation, whenever possible, by many family members and others who know the youth and family well, including the Parole Officer and other involved stakeholders. In order to develop the SNCD, the RBHA provider may need to contact key people who have been involved in the lives of the youth and family. If an individual is not permitted direct contact with the youth per conditions of parole, the 	<ol style="list-style-type: none"> 1. When a Parole Officer and Youth Program Officer III identify that a youth (new commit or parole violator) on his/her caseload is involved with a CFT, the Parole Officer and Youth Program Officer III shall contact the RBHA provider within 3 business days and request to be included in the CFT process. If the youth is in a secure facility and is enrolled with a RBHA provider, the Youth Program Officer III shall contact the RBHA provider within 3 business days and request to be included in the CFT process. 2. The Parole Officer and Youth Program Officer III shall assist the RBHA provider in identifying possible CFT members and any individuals whose participation as members of the CFT may be discouraged or limited by court order or conditions of parole. The Parole Officer shall provide a copy of the youth's conditions of parole to the RBHA provider. 3. The Parole Officer, Youth Program Officer III shall contribute to the Strengths, Needs, and Culture Discovery (SNCD) process and provide all of the information they can share regarding the youth's individual and family strengths and cultural aspects. If not received from the RBHA provider, the Parole Officer shall request a copy of the completed SNCD for youth with high needs.

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<p>RBHA provider shall contact the individual with guardian permission to gain historical data, not for participation in CFT meetings.</p> <ul style="list-style-type: none"> ♦ The RBHA provider shall distribute a copy of the written SNCD for youth with high needs to each member of the CFT. The assessment of strengths, needs, and culture is reviewed by and with the family in follow-up meetings, and before being distributed to other team members. The SNCD is frequently consulted and is updated as family circumstances change and new strengths and resources are identified. <p>2. Assessment and Service Planning:</p> <p>The RBHA provider shall seek information, with legal guardian consent, from ADJC as part of the assessment and service planning process, including:</p> <ul style="list-style-type: none"> ⇒ The outcome of previous treatment services ⇒ Suggestions on potential members for the CFT who may be helpful to the youth and those who might be contrary to the youth's best interests ⇒ A description of what it would take to achieve absolute discharge from parole ⇒ Potential risk and safety factors ⇒ Any other relevant information including potential barriers or mandates that pertain to the youth. <p>Note: Any documents obtained from the Arizona Department of Juvenile Corrections are not to be disseminated to the team or others by the RBHA or RBHA provider.</p> <p>3. Engagement of the Youth and Family:</p> <ul style="list-style-type: none"> ♦ Engagement is the process of building a relationship with the youth, family, and other team members and preparing them to work together in the CFT process, including helping them to operate in a strength-based manner, think creatively, and approach planning based on needs rather than on services. Engagement in the CFT process should continue during and in between CFT meetings. ♦ If the youth and family decline to involve ADJC in the CFT, the RBHA provider will discuss with the family the benefits and importance of ADJC's involvement and will continue to encourage the family to allow ADJC's 	<p>4. The Parole Officer and Youth Program Officer III shall collaborate with the RBHA provider to support the CFT process and if unable to attend a CFT meeting, will communicate his/her perspective to the RBHA provider prior to the CFT meeting.</p> <p>5. The Parole Officer and Youth Program Officer III shall supply reports and information to the RBHA provider with written authorization from the parent/guardian within 7 business days of the request. ADJC shall provide information, including the following:</p> <ul style="list-style-type: none"> ♦ Risk/Need and Strengths Assessments ♦ Juvenile face sheet ♦ Any scheduled court hearings ♦ The current legal status of the youth ♦ Written summary of the outcome of any previous treatment services ♦ A description of placement options that have already been considered and ruled out as options to this point ♦ List of potential members for the Child and Family Team (CFT) that may be helpful to the youth and an explanation of individuals with whom the youth is forbidden to interact per court order or conditions of parole ♦ Any known risk or safety factors ♦ Any other important issues including potential barriers, concerns, and/or mandates that pertain to the youth. ♦ Continuous Case Plan <p>A signed Authorization for Release of Information is required for the following documents to be released from ADJC to the RBHA provider:</p> <ul style="list-style-type: none"> ♦ Written documents such as psychological, psycho-sexual, or psychiatric evaluations ♦ Any counseling or discharge reports from other agencies ♦ Any educational information (pursuant to the Federal Education Right to Privacy Act)

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<p>participation. The Parole Officer must be included in all discussions related to legal issues, community safety, and conditions of parole.</p> <p>4. Preparation for the Child and Family Team Meeting:</p> <ul style="list-style-type: none"> • Prior to the meeting, the RBHA provider contacts the family to obtain their preferences for meeting times and locations, ground rules, membership on the team, and priority topics for discussion. • If it is identified that ADJC is involved with a child, the RBHA provider will continuously make efforts via e-mail and/or phone calls to include the Parole Officer and his/her perspective in the CFT process. <p>5. The agenda for CFT 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 follow-up on task assignments • Review/update of strengths, needs, and culture (SNCD) • Review/update of crisis and/or safety plans (if applicable) • Review/updated of the Individual Service plan (ISP) and progress toward goal achievement • Identification of natural and informal supports • Task assignments for team members to follow-up on between formal CFT meetings <p>6. Decisions on Team Membership:</p> <ul style="list-style-type: none"> • The youth should have an active voice in selection of team membership for his/her CFT. • The parent/legal guardian of the youth has the final decision-making authority regarding team membership. • Members can be added to the CFT at any time if no safety issues or court orders preclude inclusion. The team should ideally include at least 50% informal support. <p>7. The RBHA provider is responsible for ensuring that the youth's and the family's voices are heard in team meetings. The team shall support the youth's full participation and should not meet to plan for the youth without</p>	<p>6. Preparation for the Child and Family Team Meeting:</p> <ul style="list-style-type: none"> • The Parole Officer and Youth Program Officer III shall discuss with the RBHA provider the focus of CFT meetings, ground rules, and roles and responsibilities within the CFT process. Whenever possible, the Parole Office and Youth Program Officer III shall provide any new information to the CFT prior to the scheduled meeting. <p>7. Oversight of service provision, follow-up on assignments, identification of barriers and barrier resolution:</p> <ul style="list-style-type: none"> • The Parole Officer and Youth Program Officer III shall assist and complete any identified tasks that are assigned and agreed upon at the CFT meeting and shall do so within agreed upon time frames. • The Parole Officer shall support the use of natural and informal supports for the family within the guidelines of safety for the youth and the community and any pertinent court orders or conditions of parole. <p>8. The Parole Officer shall indicate other supports or interventions that are not Behavioral Health Covered Services that can be provided by ADJC to support the safety of the youth and the community. The Parole Officer shall utilize the Service Authorization Request process to obtain approval from Community Services to fund services identified by the team. Those services could include:</p> <ul style="list-style-type: none"> • Urinalysis Testing • Community Services Resources • Educational Placement Assistance • Vocational Rehabilitation Referral. <p>9. Specific behavioral health services such as out-of-home services in a Level I Residential Treatment Center (RTC), Level II Therapeutic Group Home (TGH), and Level III Group Home, require prior authorization through the RBHA (Magellan). Timeframes for decisions on requests for prior authorized treatment services are built into the prior authorization process (See Magellan Provider Manual, section 3.14). The timeframe begins with the guardian's request for the service. The RBHA may initiate an extension of timeframes in order to gather sufficient clinical information to render a level of care decision. To the extent allowed by ADJC policy and pertinent</p>

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<p>the youth having a choice to be present. A Family Support Partner or similar family support role may be assigned in addition to the CFT facilitator to support the family in expressing their views in meetings and in navigating the complexities of the behavioral health, juvenile justice, child welfare, and/or other service systems.</p> <p>8. Brainstorming is encouraged in CFT meetings as a means of identifying potential formal and informal resources and supports and of creatively resolving any barriers that may arise.</p> <p>9. Based on the recommendations of the Child and Family Team, the RBHA provider 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:</p> <ul style="list-style-type: none"> • Services that must be prior-authorized in accordance with the Arizona Department of Health Services policy on prior authorization (See Magellan Provider Manual, section 3.14). • Service recommendations that are inconsistent with the Arizona 12 Principles. The RBHA provider shall identify any such barriers and work with the CFT to reach consensus. • Services not covered by Title XIX and Title XXI funds. The RBHA provider shall work with the CFT 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>. <p>10. The RBHA provider works with the CFT to explore appropriate alternatives to out-of-home (OOH) treatment intervention prior to submitting an OOH request. Requests for prior authorized OOH services can only be considered by the RBHA for youth who are AHCCCS enrolled at the time of the request. If no viable alternative to OOH treatment to meet the needs of an AHCCCS-enrolled child can be identified, and upon request from the child's legal guardian, the RBHA provider shall submit a request for OOH services to Magellan for review. The RBHA provider shall call Magellan to request the prior-authorized OOH service immediately upon confirmation that the guardian wishes the request to be made. The RBHA provider obtains any documentation supporting this request from stakeholders as needed, but shall not delay making the OOH request for the sole reason of obtaining</p>	<p>laws/regulations, the Parole Officer shall provide available clinical information to be submitted to the RBHA as part of the prior authorization process.</p> <p>10. The Parole Officer and Youth Program Officer III shall participate in and support planning within the CFT and will advise the team to ensure that planning does not conflict with the safety needs of the youth, family, and community or with the conditions of parole or any court orders.</p> <p>11. Upon change of physical location of a youth, including incarceration, if it is known that the youth is engaged in an episode of care with a RBHA provider, the Parole Officer will contact the RBHA provider to notify them of the incarceration or other movement of the youth within 24 hours.</p> <p>12. The Parole Officer and Youth Program Officer III shall notify the RBHA provider of court hearings and ADJC hearings a minimum of 10 business days prior to the scheduled event when appropriate.</p>

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<p>supporting documentation.</p> <p>1. <i>A RBHA Provider representative shall attend ADJC hearings and/or ADJC meetings when appropriate, to include Multi-disciplinary Team staffings, Juvenile Community Release Boards, and Revocation Hearings, for those youth who have a current Title XIX/Title XXI benefits.</i></p>	

C. Service and Support Planning

RBHA Provider Responsibilities	ADJC Responsibilities
<p>The RBHA provider is responsible for facilitation of CFT meetings, including:</p> <ul style="list-style-type: none"> • Orienting team members to the CFT process and available resources, including family support partners and other peer/family support roles. Family support roles are described in detail in the ADHS/DBHS Practice Protocol: <i>Youth and Family Involvement in the Behavioral Health System.</i> • Ensuring that the child and family have a voice within the team, have choices for addressing needs, and that their opinions are respected and documented. • Providing interpretation/ translation services as needed and appropriate for covered behavioral health services. • Creating a comfortable and “safe” team atmosphere for the family and other team members. • Seeking clinical consultation as needed. • Actively leading the CFT 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 (ISP). • 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 	<ol style="list-style-type: none"> 1. The Parole Officer (for Parole Violators) shall notify the RBHA Provider that the child has been placed in secure care as either a new commit or a parole violator within 14 days. 2. At the next CFT meeting following the child’s placement in secure care, the Youth Program Officer III and Parole Officer shall share pertinent information pertaining to the child’s anticipated length of stay. If the minimum length of stay is to be 3 months or more, the RBHA Provider shall work with the CFT to determine whether to close the current episode of care or to continue CFT meetings to discuss transition planning. 3. If the decision is made to continue holding CFT meetings, the Youth Program Officer III shall support and arrange meeting space to facilitate the Child and Family Team in the secure facility, and shall arrange through security for the CFT members to be able to enter the facility. 4. The Youth Program Officer III shall notify the assigned Psychological Associate, Parole Officer, and any other need-to-know-staff of the youth’s involvement in the CFT. The Psychology Associate shall share results of the CAPFA Needs and Strengths assessment, DRI risk assessment, psychiatric evaluation, Institution Crisis and Safety Plan, psychological evaluation, educational/vocational, and any other pertinent ADJC assessment tools with the RBHA provider for the purpose of developing service and support plans. 5. The Parole Officer and Youth Program Officer III shall use the CFT meeting and process to assist with the development or review of the youth’s case plan. The Continuous Case Plan shall incorporate the goals and objectives of the Individual Service Plan (ISP).

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<p>to overcome those barriers.</p> <ul style="list-style-type: none"> • Ensuring collaboration and coordination with other systems and agencies. <ol style="list-style-type: none"> 2. The ISP must be completed within 90 days of the youth and family's initial appointment with the RBHA provider. The ISP replaces the Interim Service Plan completed with the youth and family upon intake. The RBHA provider shall incorporate the youth's conditions of parole and the goals and objectives of the ADJC Continuous Case Plan into the ISP. 3. In the development of the ISP, the CFT includes areas of functioning such as success in school, avoidance of delinquency, increased emotional and behavioral stability, ability to live at home/in the community, decreased safety risk, and becoming a stable and productive adult. Objective must be measurable and have associated target dates to gauge progress. 4. At each CFT meeting, the team reviews progress on the ISP goals and objectives and revises the plan as needed to reflect new or changed interventions and additional natural and informal supports. The RBHA provider shall distribute copies of the CFT notes and updated ISP to the family and other team members within 7 business days of a CFT meeting. 5. In between CFT meetings, the RBHA provider shall contact team members regarding their progress on the completion of action steps. The RBHA provider shall schedule emergency meetings as needed if any crisis occurs or any safety issue has arisen with the youth or family. 6. The RBHA provider shall work with the CFT to assist youth in transition to adulthood and, when applicable, to the adult behavioral health system. When a youth turns 17 1/2 years of age, the CFT shall explore the appropriateness of submitting an application for Serious Mental Illness (SMI) determination. If the CFT is in agreement, the RBHA provider shall request an SMI determination from Crisis Response Network. CRN will assume the following duties: <ul style="list-style-type: none"> • CRN will receive completed SMI assessment packets through the CRN Web Portal (www.crisisnetwork.org/smi/), via fax and standard mail. • CRN will administer the SMI eligibility, complaints and appeals process. The ISP of a youth of transition age should include goals, objectives, and interventions related to preparing for adulthood and increased independence. 	<ol style="list-style-type: none"> 6. The Parole Officer shall coordinate a referral to behavioral health services upon release to the community and reinstatement with AHCCCS/TXIX benefits. 7. The Parole Officer will ensure that an intake appointment has been scheduled prior to the youth's release. The Parole officer will document the appointment in the youth's case plan. The documentation will include the date, time, and location of the appointment. 8. The Parole Officer shall update the team with any modifications of parole or change in legal status including incarceration/release and warrant status so that this information can be incorporated into planning processes and team membership decisions. 9. The Parole Officer shall coordinate with the Child and Family Team to ensure participation of the youth and family in the CFT process. 10. If the CFT determines that a youth needs services that are not approved or are not covered by the RBHA (RBHA provider), the Parole Officer shall initiate a Community Services Staffing for determination of services.

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D. Crisis and Safety Planning

RBHA Provider Responsibilities	ADJC Responsibilities: Community Parole
<ol style="list-style-type: none"> 1. Crisis Plans shall be developed by the Child and Family Team for all youth with complex needs, including all youth involved with ADJC. Crisis Plans shall include the following components: <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 team develops a plan for what will happen if the identified crisis occurs. Who calls who, what, when, and where? 2. Crisis Plans shall include a plan for calling and notifying team members and participating agencies when the Crisis Plan does not meet 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 CFT shall continually review and update the Crisis Plan as needed. 4. Safety Plans are developed when evidence of past unsafe behavior by the youth exists, when the family feels that significant safety issues exist, or when there is evidence that unsafe behavior by others, including family members or people from the community, could be perpetrated on the youth. 5. Adjustments may need to be made to the Safety Plan as additional issues arise, progress is made, or additional needs and solutions are identified. The CFT shall continually review and update the Safety Plan as needed. 	<ol style="list-style-type: none"> 1. The Parole Officer shall participate with the team in the development of a Crisis Plan that is consistent with the youth's conditions of parole and court orders to help the youth maintain stability. 2. The Parole Officer shall review the current safety plan to ensure that it complies with conditions of parole, other orders of the Court, and that it addresses factors that contribute to the safety of the youth and community

E. Cross-System Staff Training

RBHA Responsibilities	ADJC Responsibilities: Community Parole
<ol style="list-style-type: none"> 1. The RBHA (Magellan) will outreach ADJC to participate in the development and implementation of trainings for behavioral health and/or ADJC personnel as training needs are identified by either system partner. 2. Magellan will make online and classroom trainings available for community 	<ol style="list-style-type: none"> 1. ADJC will invite RBHA (Magellan) and RBHA provider personnel as appropriate to participate in trainings offered by ADJC to enhance knowledge and skills related to working with the population of youth and families involved with juvenile corrections and parole.

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<p>members, including ADJC personnel, to register and participate in free of charge.</p> <p>3. Magellan will encourage and support family members as training participants and/or co-trainers.</p>	<p>2. ADJC will encourage and support family members as training participants and/or co-trainers.</p>
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F. Resolution of Coordination Issues

RBHA Responsibilities	ADJC Responsibilities: Community Parole
<ol style="list-style-type: none"> 1. The RBHA provider shall coordinate with the Parole Officer and/or Family Services Coordinator in preparation for the CFT Meetings. 2. If unable to reach a consensus, the RBHA provider shall consult with their supervisor in an attempt to seek resolution before using the formal chain of command. 3. If barriers arise, the RBHA provider shall utilize the following chain of command to positively resolve the issue: <ul style="list-style-type: none"> ⇒ RBHA High Needs Case Manager to, Parole Officer, YPO III, or Family Services Coordinator ⇒ High Needs Case Manager Supervisor to P.O. Supervisor ⇒ RBHA ADJC Court Liaison to Community Services Administrator, Parole Administrator, or Youth Correctional Superintendent ⇒ RBHA Director of Child and Youth Services or Senior Director of Child and Youth Services to Community Services Administrator 4. If the issue cannot be resolved through the RBHA Director of Child and Youth Services, it will be elevated to the Magellan Vice President of Adult, Child, and Youth Services for discussion with the Re-entry Services Administrator and final decision. 5. Time frames: 2 business days elevate to next level. 6. Each Provider Network Organization (PNO) shall have one or a limited number of roles designated to serve as points of contact for ADJC and to fulfill liaison functions, including following up with behavioral health personnel to ensure timeliness of service delivery. 	<ol style="list-style-type: none"> 1. The Parole Officer shall make every attempt to attend Child and Family Team meetings to facilitate the coordination of care for the child. If the Parole Officer or Family Services Coordinator is unable to attend a meeting, he or she shall contact the RBHA provider prior to the meeting to inform them of any progress on assigned duties and updated case information. 2. If conflict arises, ADJC shall utilize the following conflict resolution process in the following in order: <ul style="list-style-type: none"> ⇒ Youth Program Officer III, Parole Officer, or the Family Services Coordinator shall communicate any issues to the High Needs Case Manager. ⇒ The Parole Supervisor or Program Supervisor shall communicate any issues to the High Needs Case Manager's supervisor. ⇒ The Parole Administrator, Youth Correctional Superintendent, or Community Services Administrator shall communicate any issues to the RBHA ADJC Court Liaison. ⇒ The Community Services Administrator shall communicate any issues to the RBHA Director of Child and Youth Services or Senior Director of Child and Youth Services. ⇒ The Community Services Administrator will discuss any issues that remain unresolved with the Magellan Vice President of Adult, Child and Youth Services for final decision. <p>*****ADJC employees from the Institution and Community Corrections are required to attend the monthly joint partnership meetings to discuss systems related issues, barriers, and needed program development.</p>

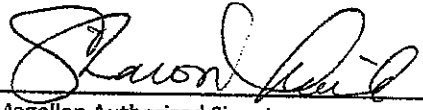
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G. Identification of Unmet Needs

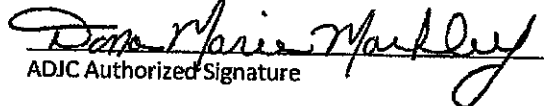
RBHA Responsibilities	ADJC Responsibilities: Community Parole
1. If issues are identified by the Child and Family Team relating to gaps in service, service availability, or timeliness of service access, the RBHA provider shall communicate the unmet needs to the PNO. The PNO shall assist in obtaining needed services and shall notify Magellan of systemic barriers such as lack of needed services or capacity.	



Magellan Authorized Signature

1-6-14

Date



ADJC Authorized Signature

January 3, 2014

Date

ADJC Authorized Signature

Date