**Roles and Responsibilities in the Coordination of Child and Family Team Process**
Regional Behavioral Health Authority (RBHA) and Child Protective Services (CPS)

The RBHA and CPS agree to coordinate activities in the implementation of the Child and Family Team Process. The elements of the Child and Family Team Process and the roles and responsibilities of each agency are outlined below. The RBHA and CPS 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.

CPS and the RBHA shall work in collaboration on behalf of children for whom CPS has custody and the responsibility to protect the child's safety and well-being. The CPS Specialist has the responsibility for assessing whether involvement of each family member would compromise the safety or well-being of the child and is contrary to the child's best interest and determining the level of involvement of each family member based on that assessment. The CPS Specialist must be consulted prior to the family and the RBHA establishing membership in the Child and Family Team process. CPS and the RBHA shall work in collaboration to develop an integrated service plan for children and families. The portion of the plan pertaining to Behavioral Health shall be done in the context of the Child and Family Team process.

**Glossary of Terms**

Arizona Early Intervention Program (AzEIP) - The Arizona Early Intervention Program (AzEIP) is Arizona's statewide, interagency system of supports and services for infants and toddlers with developmental delays or disabilities and their families. AzEIP is established by **Part C of the Individuals with Disabilities Education Act** (IDEA), which provides eligible children and their families access to services to enhance the capacity of families and caregivers to support the child's development. Arizona defines as eligible for supports and services through AzEIP, a child between birth and 36 months who is developmentally delayed or who has an established condition which has a high probability of resulting in a developmental delay. Established conditions which have a high probability of develomental delay include: chromosomal abnormalities, metabolic disorders, hydrocephalus, spina bifida, intraventricular hemorrhage (grade 30 or 4), periventricular leukomalacia, cerebral palsy, significant auditory impairment, significant visual impairment, failure to thrive, and severe attachment disorders, based on diagnosis by a qualified physician or other qualified professional and including the use of informed clinical opinion.

Arizona Families FIRST (AFF) – Arizona Families FIRST (standing for Families in Recovery Succeeding Together) is a program jointly administered by the AZ Department of Economic Security and the AZ Department of Health Services to offer a continuum of community-based substance abuse treatment services to a parent, guardian, or custodian of a child who is named in a report to CPS as a victim of abuse or neglect and whose

substance abuse is a significant barrier to maintaining or reunifying the family or to a person whose substance abuse is a significant barrier to maintaining or obtaining employment and is a recipient of Temporary Assistance to Needy Families (TANF).

Child and Family Team(CFT) - A defined group of people that includes, at a minimum, the child and his/her family, a Behavioral Health Representative, and any individuals important in the child's life and who are identified and invited to participate by the child and family . This may include, for example, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agent from other service systems like CPS or DDD. etc. The size, scope and intensity of involvement of the team members are determined by the objectives established for the child, the needs of the family in providing for the child, and by which individuals are needed to develop an effective service plan, and can therefore expand and contract as necessary to be successful on behalf of the child. The frequency of meetings of the CFT varies according to the intensity of the child's clinical needs and the preferences of the family/legal guardian.

Comprehensive Assessment - The ongoing collection and analysis of a child's medical, psychological, psychiatric and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals. Behavioral health providers contracted with the RBHA/ PNOs must ensure that the Division of Behavioral Health Services required assessment elements are addressed in the assessment process.

CPS Case Plan - Written document which identifies the permanency goal and target date, desired outcomes, tasks, time frames, and responsible parties.

CPS Co-Location - A behavioral health provider agency or satellite thereof with clinical personnel located within an office or other setting managed and operated by Child Protective Services (CPS). Co-location personnel typically receive referrals for enrollment of children involved with CPS in behavioral health services; conduct intakes and assessments for referred TXIX eligible children; participate in Team Decision Making (TDM) meetings for referred TXIX eligible children; and provide or coordinate ongoing behavioral health services for enrolled children.

CPS Strengths Risks Assessment – is a tool used by CPS, which provides a mechanism for assessing families' strengths and risks. This tool is used by CPS to determine the level of service is needed for families.

Crisis and Safety Planning- Crisis planning includes specific objectives and strategies to ensure timely availability of necessary supports and interventions in a crisis situation. Crisis situations refer to situations which pose a significant safety risk to the child, family, or community. Crisis planning includes recognizing when a situation is escalating and how to best defuse the situation or obtain assistance to prevent further escalation. The plan should include specific interventions and response strategies to support the child/family during a crisis situation. In addition the plan should identify steps to prevent crisis situations from occurring or establish safety criteria. A type of crisis plan, sometimes called a safety plan, may

be required when there is an immediate concern regarding the safety of others or when there is solid evidence of prior unsafe behavior toward others that threatens the chance the child/youth can remain/return to living in his/her community.

Crisis Response Network (CRN) – A network of crisis providers, under contract with Magellan Health Services of Arizona, that offer a comprehensive array of community-based crisis services 24 hours a day, 7 days a week for the greater Phoenix area. Services include telephone triage and intervention, mobile teams, crisis transportation, hospital rapid response and Child Protective Services (CPS) crisis programs for enrolled and non-enrolled individuals and families.

Crisis Stabilization Teams – CPS Crisis Stabilization Teams, provided through the Crisis Response Network, Inc., will respond to requests for services for Magellan-enrolled Title XIX/XXI children under the custody/guardianship of CPS. CPS Crisis Stabilization teams will work in collaboration with ongoing treatment providers, CPS, the child's placement facility/home, Magellan Health Services of Arizona and families in order to provide crisis intervention and stabilization services. The purpose of this service is to provide short-term stabilization to prevent disruption of the child's ability to remain in his/her living environment (e.g., family home, foster home, group home).

DDD Crisis Stabilization Teams – Known as the D1 Specialty Team, this crisis response/stabilization team is made up of two crisis specialists that have been trained to meet the unique needs of children (and adults) that have diagnosed with a developmental disability. This team can be available for scheduled encounters or respond to crisis encounters. This team will work collaboratively with the DDD Case Manager, ongoing service providers, caretakers, and other involved parties in service and case coordination.

Provider Network Organization (PNO) – A network of provider agencies under a centralized managing body contracted with the Regional Behavioral Health Authority (RBHA) to offer the full array of covered behavioral health services throughout the greater Phoenix area. Case management services for children with complex needs are provided by the Provider Network Organizations. The Provider Network Organizations are the first to respond to enrolled persons who are experiencing a behavioral health crisis.

Qualified Service Provider (QSP) – A behavioral health provider agency contracted with a PNO to provide comprehensive behavioral health services to enrolled children and their families. Services provided by a QSP include intake and assessment, counseling, and direct support services, based on identified need and child and family preference. Services through a QSP are provided through the Child and Family Team (CFT) process according to the 12 Arizona Principles.

Rapid Response – CPS Rapid Response (CPS-RR) will provide priority clinical evaluations for the Department of Economic Security/Child Protective Services (DES/CPS) for children in the custody of DES/CPS or under in-home dependency investigation. Rapid Response clinicians will ensure that children receive triage and evaluation, within required timelines, in order to complete an initial behavioral health assessment, support the child/family placement and provide appropriate referrals for children. The clinicians will respond to children regardless of their Title XIX or Title XXI status or eligibility. The services will address the child's needs and take into consideration the person's preferred language and culture.

Regional Behavioral Health Authority (RBHA) – A behavioral health organization contracted with the Arizona Department of Health, Division of Behavioral Health Services to administer a managed care behavioral health delivery system in the greater Phoenix geographic service area (GSA 6). The RBHA is responsible for managing and administering the behavioral health services in Maricopa County, as well as portions of Pinal and Yavapai Counties, and for managing behavioral health care for persons who are eligible to receive services. The RBHA contracts with Provider Network Organizations to provide medically necessary behavioral health services.

Safety Assessment (CPS) - The Child Safety Assessment (CSA) Protocol is used within the larger protocols of child protection and child welfare practice. It is a "Life of the Case" protocol designed to provide CPS Specialists with a mechanism for assessing present and impending danger of serious or severe harm to children, and for taking quick action to protect children. CPS Specialists will use the protocol to help focus decision making to determine whether a child is safe or unsafe and, if unsafe, what actions must be taken to ensure the safety of the child. The major steps required to apply the protocol include the collection and analysis of quality and sufficient safety related information, an assessment and analysis of the safety factors, completion of the CSA and implementing and monitoring the safety plan.

Safety Plan (CPS) – The safety plan is a written arrangement between a family and CPS that establishes how impending danger threats to child/youth safety will be controlled and managed. The safety plan remains in effect as long as needed (must be implemented and active as long as it is in effect) and must be continually evaluated and modified as long as it is in effect.

Strengths, Needs, and Culture Discovery (SNCD) – An assessment process that includes the following elements: (1) Identification of strengths, assets and resources that can be mobilized to address family needs for support; (2) Exploration and understanding of the unique culture of the family, so the service plan will be a plan the child and family will support and utilize. The family's culture is influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation and other factors; (3) Recording of the child and family's vision of a desired future; and (4) Identifying the needs and areas of focus that must be addressed to move toward this desired future.

Team Decision-Making (TDM) – These CPS meetings represent a strenghs-based decision making process to address the safety and placement of a child(ren). This is a collaborative process involving family members, family supports, community members, CPS, and partnering agencies. The meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family. The goal is to reach consensus on a decision regarding placement and to make a plan which protects the children and preserves or reunifies the family. Ultimately, safety is the responsibility of CPS.

**Rapid Response**



| RBHA Responsibilities | CPS Responsibilities |
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| 1. CPS Rapid Response (CPS RR) services shall be provided upon notification from CPS that a child has been, or will imminently be, taken into the custody of CPS, regardless of the child's Title XIX or Title XXI eligibility status.<br>2. Upon receiving a referral and accompanying documents from CPS, the Crisis Response Network (CRN) will review the referral for completeness. If the referral is complete and has the appropriate documentation, a Rapid Response team shall be dispatched (TERROS or EMPACT) to conduct an intake and urgent response assessment with the child within 72 hours to determine behavioral health needs.<br>3. If an incomplete referral is received, the CRN dispatcher (or designee) will contact the CPS staff member making the referral and review the information needed.<br>4. Based on screening information received from CPS when a Rapid Response referral is made, the need for a more immediate Rapid Response dispatch (within 24 hours) will be determined through triage. An example of these unique 24-hour assessment requests may be that a child is actively a danger to self or danger to others, having active suicidal ideation or homicidal ideations, or may be stepping down from inpatient hospitalization or other higher level of care.<br>5. The Rapid Response team shall ask CPS for information regarding the presence of any court order, such as no-contact orders, that may affect the child or the development of the Child and Family Team (CFT). This information shall be documented in the behavioral health assessment.<br>6. The Rapid Response team shall conduct an urgent response assessment with the child at the child's current location and shall identify immediate safety needs and presenting problems of the child.<br>7. The Rapid Response team shall provide assistance and support to the child's new caregiver, including guidance about how to respond | 1. When CPS is considering a removal of a child or has removed a child from the home, a Team Decision Making Meeting may have been convened. This meeting is a forum where CPS discusses safety threats and risks while assessing the family.<br>2. If a TDM was convened, if substance abuse is an issue, both Arizona Families FIRST (AFF) and the co-located provider will be provided with a copy of the TDM Summary, which outlines the safety threats, risks and desired behavioral changes.<br>3. When a child is removed from home, CPS shall utilize the RBHA Rapid Response (aka Urgent Response) process, or co-location referral process as determined in each co-location site, to notify the RBHA of the referral and the removal of the child from the home. CPS shall immediately complete the CHILDS legal and removal status screens to alert Comprehensive Medical and Dental Program (CMDP).<br>4. For children ages birth to 3, the CPS Specialist will provide a copy of the Rapid Response assessment to their co-located provider. The CPS Specialist is court-mandated to ensure that a comprehensive Birth to Five Assessment is completed for this age group. Once the assessment is received, a copy is attached to the subsequent court report and copies provided to in-home service providers, caregivers, and to Arizona Families FIRST, when appropriate.<br>5. For Private Dependency Petitions (PDP) filed by a relative, Guardian Ad Litem, or concerned party:<br>• If CPS agrees with the PDP, a Rapid Response referral will be initiated within 24 hours from the time that CPS receives notification of custody (for youth placed in detention or a correctional facility, the referral will be made upon release).<br>• If CPS disagrees with the PDP, a Considered TDM may be held. If out of home CPS custody is recommended, a Rapid Response referral will be initiated within 24 hours from the date of the TDM meeting (or upon release for youth placed in detention or |

to the child's immediate and unique needs, such as adjustment to foster care, behavioral health symptoms to watch for and report, assistance in responding to any behavioral health symptoms the child may exhibit, and identification of a contact person within the behavioral health system.

8. Rapid Response will contact the Children's Provider Network Organizations (PNO) to enroll children into behavioral health services that have been assessed to meet the child's needs.
9. Once the behavioral health agency for provision of ongoing behavioral health services and a primary contact (the Behavioral Health Representative or CFT Facilitator) within the behavioral health provider agency have been identified, the Rapid Response team shall notify CPS of this information.
10. The Rapid Response team shall complete an interim service plan in collaboration with the child, the caregiver, and whenever possible, the child's family. The interim service plan will document initial needs, including any immediate needs, and next steps for meeting those needs.
11. Rapid Response will contact CPS and provide a verbal overview of the assessment and findings within 24 hours of completing the assessment process.
12. The Rapid Response team shall provide CPS with the written assessment information, clinical formulation and diagnosis, and initial treatment recommendations within 5 days of completing the assessment and whenever possible, will be expedited to be available for the purposes of the Preliminary Protective Hearing.
13. The Rapid Response team shall verify the child's enrollment status and Title XIX eligibility. Ongoing behavioral health services for the child are conditional upon continued Title XIX/ CMDP eligibility.
14. If, upon completion of the Rapid Response assessment, a child is not found to have evidence of need for behavioral health services, Rapid Response will provide a 2 week face-to-face follow-up home visit to re-assess and inquire on any additional behavioral observations or issues, and if necessary, will then coordinate referral for ongoing

a correctional facility). If remain or return to parent/guardian is recommended, the Court will be notified of the recommendations. Should the Court not dismiss the PDP, and order out of home CPS custody, a Rapid Response referral will be initiated within 24 hours from the date of the hearing (or upon release for youth placed in detention or a correctional facility).

- If an In-Home Dependency/Intervention Petition is initiated, and the child (family) is TXIX eligible, a Rapid Response referral will be initiated within 24 hours of custody.

6. For Division of Developmental Disability (DDD) eligible children, a Considered/Removal TDM will be held. If out of home CPS custody is recommended, a Rapid Response referral will be initiated within 24 hours of custody. If an In-Home Dependency/Intervention Petition is initiated and the child (family) is TXIX eligible, a Rapid Response referral will be initiated within 24 hours of custody.
7. CPS may make a Rapid Response referral by contacting the RBHA Crisis Response Network (CRN) CPS dispatch line at 602-629-1501 or 602-222-9444. CPS will fax the CPS RR referral and appropriate documentation that verifies the child is in the temporary custody of CPS to CRN at 602-629-1536.
8. After a referral has been made through the Rapid Response system, CPS shall provide CRN with a CPS contact person within one (1) working day.
9. Once a Rapid Response team has been assigned from either of the two subcontracted RBHA provider agencies (TERROS or EMPACT), CPS may contact the Rapid Response provider agency directly for coordination of services at 602-302-7807 (TERROS) or 480-784-1514 (EMPACT).
10. CPS shall inform the Rapid Response team through the referral, of current contact information for the youth, placement and parents; relevant court orders or other issues that may affect service planning and treatment for the child. CPS shall designate whether Rapid Response and/or PNO/QSP can contact the parent. CPS shall

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| behavioral health services.<br>15. For those children who are not found to have need for behavioral health services at the 2 week follow-up, Rapid Response will provide a 4 week face-to-face follow-up home visit to re-assess. At that point, all of the children will be referred to ongoing behavioral health services. The Rapid Response clinician will coordinate the intake appointment with a BH provider to complete a comprehensive assessment.<br>16. For children ages birth-5, Rapid Response conducts a Birth-5 assessment that includes a developmental screening using age-apppropriate tools, as follows:<br>• Newborn to 1 month old – Developmental checklists (as the ASQ and ASQSE does not assess this age) + the Terros CPS RR Assessment<br>• 1 Month to 5 years – the ASQ and ASQSE (although the ASQSE begins at the 3 month mark) + the TERROS CPS RR Assessment Assessment<br>• The TERROS CPS RR Assessment is used by both Rapid Response agencies; also included in the assessment packet are the ADHS Cover Page, Expanded Clinical Formulation, the ADHS Diagnostic Summary and the ADHS Next Steps/Interim Service Plan<br>• Newborn-36 months – Referral for further evaluation the Arizona Early Intervention Program (AzEIP) when developmental concerns are identified<br>• Newborn-5 years – Developmental Checklist and Warning Signs are provided to caregivers. | always allow this, unless there is a need to ensure safety of the professionals.<br>11. If received timely (two days prior to the preliminary protective hearing), the CPS Specialist shall incorporate recommendations from the Rapid Response team and the core assessment into the initial CPS case plan.<br>12. The CPS Specialist shall present the behavioral health assessment and recommendations from the Rapid Response team at the Preliminary Protective Hearing, held within 5-7 days after removal.<br>13. The CPS Specialist shall immediately notify the Rapid Response team and/or the assigned Behavioral Health Representative/ CFT Facilitator of any contemplated or actual changes in the child's placement (e.g., from shelter to foster family) to support continuity of behavioral health services. |

**Intake and Assessment**

| RBHA Responsibilities | CPS Responsibilities |
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| 1. The Provider Network Organization (PNO) receiving a routine (not urgent) referral of a child involved with CPS shall offer an appointment for an intake and assessment within seven (7) days of | 1. For Title XIX eligible children in need of behavioral health services who have not been removed from the home or who are in juvenile detention/ correctional facility or an out-of-home placement at the |

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| the referral or request for behavioral health services.<br>2. The PNO or contracted Qualified Service Provider (QSP) shall begin conducting a comprehensive assessment of the child and family's behavioral health needs as of the initial appointment. The comprehensive assessment process consists of a behavioral health assessment (completed by the Rapid Response Team if a Rapid Response referral, or otherwise by the PNO/QSP assessor) including the Division of Behavioral Health required elements, to be completed with the child and family within 45 days of intake.<br>3. Once the behavioral health assessment as been completed, the Behavioral Health Representative from the PNO or QSP shall, in collaboration with the child and family, complete the Individual Service Plan, documenting identified strengths and needs and objectives and interventions to meet those needs. The Behavioral Health Representative shall consult CPS regarding the Individual Service Plan and the family's participation in developing the plan and incorporate any required behavioral changes identified into the CPS case plan. | time of referral to the RBHA, CPS shall follow the co-location referral process as determined at each co-location site or refer directly to the RBHA or the Provider Network Organization (PNO). The RBHA customer service line is 1-800-564-5465.<br>2. When a child is referred for behavioral health services, the behavioral health service provider shall complete the behavioral health assessment with Division of Behavioral Health Services required elements. The CPS Specialist shall provide as much information as possible to the behavioral health assessor in support of this assessment.<br>3. The behavioral health comprehensive assessment includes the development of an initial Individual Service Plan. The CPS Specialist shall participate in the development of this plan so that the immediate behavioral health needs of the child can be met.<br>4. The CPS Specialist shall incorporate the findings of the comprehensive assessment along with any required behavioral changes identified, and the Individual Service Plan into the CPS case plan. |

**Child and Family Team Process**

| RBHA Responsibilities | CPS Responsibilities |
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| 1. If CPS is the child's legal guardian, the Behavioral Health Representative shall provide the CPS Specialist with behavioral health information, including services and outcomes of those services, and shall gather information from the CPS Specialist toward developing a working partnership. Information to be requested from CPS includes:<br>• The child's current mental health and/or stabilization needs<br>• The child's current CPS permanency and concurrent goals, if applicable<br>• Outcomes of any previous placements/ treatment interventions<br>• Potential members of the Child and Family Team<br>• Family members or other individuals that CPS has determined to be unsafe for contact with the child at this time | 1. If a referral for behavioral health services has been made to the RBHA, or if there is concurrent CPS and BH involvement, the CPS Specialist shall provide the following information to the Behavioral Health Representative:<br>• CPS case plan<br>• CPS Team Decision Making Summary<br>• The child's current mental health and/or stabilization needs<br>• Psychological or psychiatric evaluations or other mental health assessments<br>• The child's current CPS permanency and concurrent goals, if applicable<br>• Outcomes of any previous placements/ treatment interventions<br>• Potential members of the Child and Family Team |

- Identified barriers/needs for preventing or dismissing dependency
- Explanation of investigation findings, including risk and safety factors
- Case records that can be shared with the behavioral health provider agency
- Information about the child and family's cultural and spiritual beliefs and practices
- Any relevant court orders or CPS mandates, such as psychological evaluations, psychiatric evaluations, mental/ behavioral health assessments, CFT notes, counseling notes, and other treatment records
- The child's current mental health and/or stabilization needs
- Outcomes of any treatment interventions
- Case records that can be shared with CPS.

2. If CPS is the child's legal guardian, the Behavioral Health Representative shall provide the CPS Mental Health Specialist with the Notice of Action for denial of admission or continued stay of an out-of-home treatment intervention. The CFT will then discuss alternative treatment recommendations.
3. When children are receiving residential treatment services, the Behavioral Health Representative will communicate the recommended frequency of CFT meetings to the legal guardian, in accordance with the clinical needs of the child. For non-RBHA funded behavioral health placements, CPS as the legal guardian will decide the frequency with which the CFT meets. The RBHA provider will request a release of information to allow the RBHA access to the clinical records of the child from the placement. The RBHA/RBHA provider will provide medically necessary services for the child if not provided by the placement. The CFT will actively pursue discharge planning and securing of the services needed to allow the child to return to a community placement.

- Family members or other individuals that CPS has determined to be unsafe for contact with the child at this time
- Means by which family members could participate in the Child and Family Team process if they are not deemed safe for contact with the child at this time (Guidelines from the DCYF policy manual shall be followed.)
- Identified behavioral changes and barriers to reunify and or achieve permanency.
- Identified barriers/needs for preventing or dismissing dependency
- Explanation of investigation findings, including risk and safety factors
- Case records that can be shared with the behavioral health provider agency
- Information about the child and family's cultural and spiritual beliefs and practices
- Any relevant court orders or CPS mandates.

2. As the legal guardian, CPS will attend CFT meetings as scheduled for children receiving RBHA-funded residential treatment services. For non- RBHA funded behavioral health placements, CPS as the legal guardian will decide the frequency with which the CFT meets. CPS will sign all releases of information from the behavioral health placement to allow Magellan access to all clinical information.

Decisions on Team Membership:

3. Prior to the first CFT meeting, the CPS Specialist shall communicate any court-ordered/mandated issues regarding the child or the family to the Behavioral Health Representative.
4. The CPS Specialist may be required to represent mandated positions, but shall encourage and support parents to make decisions within those parameters. If CPS is the legal guardian, CPS will support parental choice in team membership but will have the

Decisions on Team Membership:

4. The child's legal guardian has the final decision on membership in the Child and Family Team (CFT). The Behavioral Health Representative shall encourage the CPS legal guardian to support the child's parent(s) to participate in decision-making regarding the child to the extent possible.
5. The Behavioral Health representative shall acknowledge that CPS as the legal guardian has the right to exclude individuals from team membership who may pose a risk to the child.
6. Members can be added to the team at any time based on team consensus if no safety issues or court orders preclude inclusion. The team should ideally include informal supports as 50% or more of team membership.
7. The child should be included as a team member in his/her CFT and supported in participating in discussions about his/her treatment to the degree that his/her developmental and behavioral functioning allow. Team meeting times and locations should take into consideration the child's school or treatment schedule so that the child is able to attend.
8. No child will participate in a CFT when the alleged perpetrator is present in cases where the allegations have been categorized as "criminal conduct" or any case that involves an ongoing criminal investigation or criminal prosecution is pending. A parallel TDM process used in domestic violence situations may be used as long as the session for the alleged perpetrator is separate from the child.
9. If the child is not able to fully participate in the CFT, the team shall identify alternative methods of gaining the child's input into the team. Children as young as six may be engaged by using alternative methods.
10. Co-located partners and Arizona Families FIRST shall be invited if substance abuse is identified as an issue for the family.

right to exclude individuals from team membership who may pose a risk to the child.

5. CPS shall have the ability to limit participation based on concerns about a child's safety or wellbeing. If parents or other parties are not to be included on a team, the CPS Specialist shall discuss with the parent(s) and the team the reasons for not including them and shall provide information on the circumstances in which they may be considered for inclusion in the future.
6. The child in CPS custody should be included as a team member in his/her CFT, and the team should not exclude a child from CFT discussions unless the child is unable to participate in the CFT because of developmental or behavioral functioning.
7. No child will participate in a CFT when the alleged perpetrator is present in cases where the allegations have been categorized as "criminal conduct" or any case that involves an ongoing criminal investigation or criminal prosecution is pending. A parallel TDM process used in domestic violence situations may be used as long as the session for the alleged perpetrator is separate from the child.
8. Co-located partners and Arizona Families FIRST shall be invited if substance abuse is identified as an issue for the family.

Preparation for CFT Meetings:

9. The CPS Specialist shall discuss availability for scheduling of CFT meetings with the Behavioral Health Representative. The CPS Specialist shall also discuss with the Behavioral Health Representative the focus of the CFT meeting and roles and responsibilities of team members.

Facilitation of CFT Meetings:

10. The CPS Specialist shall coordinate with the Behavioral Health Representative/ CFT Facilitator in preparation for CFT meetings. If emergency decisions are made (e.g., court order, potential

Preparation for CFT Meetings:

11. Prior to holding a CFT meeting, the Behavioral Health Representative shall contact the CPS Specialist to discuss scheduling and location of the meeting, as well as the focus of the meeting and roles and responsibilities of team members.
12. The Behavioral Health Representative shall secure a meeting space for the CFT meeting that is convenient and comfortable for the family, including ensuring that transportation, child care, and interpreter services are available if needed. The Behavioral Health Representative shall also coordinate the meeting time and location with the CPS Specialist to ensure their availability to participate.
13. The Behavioral Health Representative shall invite members of the CFT, including informal supports and system partner representatives, to attend the CFT meeting.

Facilitation of CFT Meetings:

14. The behavioral health service provider agency shall make family support roles available to families as needed to assist with eliciting family voice and choice in the CFT process.
15. The Behavioral Health Representative or family support role typically serves as CFT Facilitator. The functions of the CFT Facilitator include:
    - When appropriate, ensuring that the CPS Case Plan is addressed and discussed at the meeting.
    - Ensuring that the child and family have a voice and choice within the team, and that their opinions and preference are respected and documented;
    - Creating a safe and comfortable team atmosphere;
    - Actively moving the team process forward;
    - Leading the CFT in brainstorming ideas and alternatives to be used in service planning to meet identified needs;

disruption of placement, safety concern, or hospitalization), the CPS Specialist shall notify the CFT Facilitator as soon as possible.

11. The CPS Specialist shall collaborate with and support the Behavioral Health Representative/ CFT Facilitator as much as possible to successfully facilitate the CFT process.
12. The CPS Specialist shall participate in CFT meetings, including brainstorming ideas and alternatives to be used in service planning to meet identified needs.
13. The CPS Specialist shall participate in CFT meetings if the RBHA is funding the out of home treatment intervention.
14. The CPS Specialist shall contribute to creating a safe and comfortable team atmosphere for the family and other team members.
15. The CPS Specialist shall complete the CPS Case Plan and review progress with the team on a regular basis.
16. The CPS Specialist shall report out on status of the behavioral changes, Arizona Families FIRST and other services, and placement.
17. The CPS Specialist shall ensure that Arizona Families FIRST report out on the status of the substance abuse treatment plan.
18. The CPS Specialist shall fulfill action items agreed upon during CFT meetings in a timely manner and shall assist the CFT Facilitator as appropriate to follow-up on the commitments made by other team members to ensure accountability.
19. Throughout the CFT process, the CPS Specialist shall support parents and families to have a voice on the team and to express their views, needs, and concerns.
20. The CPS Specialist shall attach meeting minutes, reviews of progress and CFT plans to court reports on a regular basis.

- Focusing the team process on the Arizona 12 Principles;
- Reviewing child and family strengths and progress at each CFT meeting;
- Monitoring follow-up on CFT action items and holding team members accountable for commitments made;
- Reporting out on the CFT action items to the team members; and
- Working with the team to identify and address barriers that arise in the provision of services to meet identified needs.

16. The CFT Facilitator shall follow a CFT meeting format that includes a welcome of participants (introductions, confidentiality reminder, ground rules), a review of the child and family's strengths and progress, discussion of ongoing needs, review of previous action items and assignment of new action items, and identification of new or continuing needs and creative alternatives for addressing the needs.
17. The CFT Facilitator shall clarify and address with the team the frequency of meetings, length of meetings, scheduling of future meetings, and any barriers to meeting attendance or participation. Meeting frequency should be based on the intensity of the child's needs and services as well as the preferences of the legal guardian and family.
18. The CFT Facilitator shall ensure that an Individual Service Plan (ISP), in conjunction with the CPS case plan, is developed that includes specific objectives, action items or next steps, identification of who is responsible for accomplishing each, and when each is anticipated to be accomplished. The ISP shall be reviewed with the team at each meeting and revised as needed.
19. Following a CFT meeting, the CFT Facilitator shall follow up with the team within one week to distribute copies of the CFT documentation, including the up-to-date ISP.
20. The CFT Facilitator shall contact team members between meetings to follow-up on action items and to schedule emergency CFT

| meetings if a crisis or safety issue arises. | |
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Family Permanency

| RBHA Responsibilities | CPS Responsibilities |
|---|---|
| 1. If the CPS plan is for family reunification, during the process of identifying the needs of the child and family, the CFT will outline any treatment elements necessary to achieve this aim.<br>2. If visitation (or passes) are to occur during the current episode of care, the clinical team, as part of the CFT process, will identify therapeutic tasks that are to be part of this time that will assist the child and family with the transition back.<br>3. The CFT will ask for feedback from CPS and AFF as to the parent's progress in meeting CPS Case Plan goals and whether the parents are able to demonstrate that they have made the required behavioral changes.<br>4. To increase the likelihood of reunification within 12 months from removal, the CFT will participate with CPS in reviewing timeliness of services and seeking to identify and eliminate any barriers to timely service delivery.<br>5. The CFT will actively participate in the CPS Child Specific Recruitment Plan when invited. | 1. CPS is working to accomplish the following:<br>• Reduce time to permanency and the number of placement changes for children in out-of-home care. The CPS Specialist will utilize CPS Stabilization Teams and the TDM and/or CFT process to stabilize placements.<br>• While maintaining child safety, reduce the length of stay for children who exit to reunification in more than seven days; reduce the number of children who exit care in seven days or less by preventing short-stay removals; and of children who exit to reunification, reduce the percentage who re-enter care within twelve months of exit. CPS Specialists are to implement CPS Contracted Services timely and advocate for the timely implementation of AFF and RBHA Services. CPS Specialists will provide updates at the CFT as to the parent's progress in the case plan.<br>• Implement concurrent planning by involving birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor.<br>• CPS is currently working to find resource parents for children who are legally free and have no adoptive resource. CPS adoptions will invite the CFT participants to be part of the contracted Child Specific Recruitment Plan. |

Individual Service Planning (Individualized, strength-based plans for necessary supports and services)

| RBHA Responsibilities | CPS Responsibilities |
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| 1. Individual Service Planning<br>▪ The Individual Service Plan is used to identify and document service planning information. | 1. Development of CPS Case Plan<br>▪ The CPS Specialist will consider the Child and Family Team meeting and process, Team Decision Making and Family Group |

- The Individual Service Plan objectives are to be reviewed at each meeting of the Child and Family Team and updated as newly identified needs and specific objectives are developed and added.
- The Individual Service Plan must be completed within 90 calendar days of the intake appointment.
- Individualized plans should be designed to accommodate the CPS goals with out duplicating services to the child and family.

2. The Individual Service Plan shall include the child and family's vision for the future, which shall be the focus for the development of goals in the plan.
3. The Facilitator shall accommodate the needs of the CPS Specialist in the development of the CPS Case Plan. The CPS Case Plan must be completed within 21 days of the child's initial removal from home. Any Team Decision Making Plans and/or Family Group Decision Making plan should also be integrated into the plan.
4. Identified Needs, Goals and Specific Objectives
   - While the Facilitator or other team members may have suggestions for goals and objectives, the selection of goals and specific objectives is a decision made by the family and/or guardian
   - When looking at goals and specific objectives, it may be helpful to review life domains such as: Housing, Work/Career, Education, Transportation, Financial Support, Social and Relational Skills, Leisure and Recreation, Activities of Daily Living, Behavioral Issues, Health Care, and Other.
5. Interventions to Meet Needs and Specific Objectives
   - The team shall describe how each of the service needs or

Decision Making to develop and review the Child Protective Services Case Plan.

2. The CPS Specialist shall support and assist the family and the Facilitator in developing the family's vision for the future.
3. The CPS Specialist shall apprise the team of any significant changes such as court orders or emergency changes in placement as quickly as possible so they can be incorporated into planning processes and team membership decisions.
4. The CPS Specialist shall support and assist the Facilitator in identifying needs and developing goals and specific objectives. These should be developed to support the Child Protective Services Case Plan whenever possible.
5. The CPS Specialist shall support the Facilitator and the Child and Family Team to develop appropriate interventions to meet needs and specific objectives and may offer CPS resources when appropriate to meeting Child and Family Team goals and objectives.

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| specific objectives will be met<br>▪ The team identifies the method by which the specific objective will be measured so that it can be determined whether it was accomplished and develops the target date for completion<br>▪ The team shall review progress on meeting specific objectives<br>▪ Emergency meetings may need to be called from time to time if any crises arise or if the child or family request that a meeting be held<br>▪ The team shall consider service or support changes when no progress is identified on plan objectives.<br>6. The Facilitator is responsible for creating an effective loop between the Individual Services Plan, its implementation, its effectiveness, and its modification when appropriate. The Facilitator will contact team members, offer reminders, and in other ways assist team members to follow-through on commitments.<br>7. Adjustments shall be made to the Individual Service Plan as additional issues arise, progress is made, or additional needs or solutions are identified. The Child and Family Team should continually monitor and adjust the Individual Service Plan as needed. | |

**Crisis/Support Planning**

| RBHA Responsibilities | CPS Responsibilities |
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| 1. All children determined to have high needs shall have a Crisis/Support Plan, which is to be developed at the beginning of the Child and Family Team process. There are generally three issues to be considered in Crisis/Support planning and they include:<br>▪ Predict – The team predicts what crises could occur and develops strength-based responses to the situations<br>▪ Prevent – The team identifies strength-based and culturally | 1. The CPS Specialist shall actively participate with the team in the development of a Crisis/Support Plan that can meet the goals of the RBHA and CPS to help the child maintain stability.<br>2. The CPS Specialist shall consider utilizing the CPS Stabilization Team to predict and prevent crises and to help the child maintain stability. |

| RBHA Responsibilities | CPS Responsibilities |
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| sensitive options that could prevent the identified crises from happening<br>▪ Plan – The team develops a plan for what will happen if the identified crisis occurs. Who calls who, what, when, and where?<br>2. Crisis/Support Plans will include a plan for calling and notifying team members and participating agencies when the Crisis/Support Plan does meet its objectives.<br>3. Adjustments may need to be made to the Crisis/Support Plan as additional issues arise, progress is made, or additional needs and solutions are identified. The Child and Family Team shall continually monitor and adjust the Crisis/Support Plan as needed. | |

**Safety Planning (when determined to be needed by the team)**

| RBHA Responsibilities | CPS Responsibilities |
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| 1. RBHA Safety Plans are developed when solid evidence of significant past unsafe behavior of the child exists when the family and/or guardian 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 child.<br>2. 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 Child and Family Team shall continually monitor and adjust the RBHA Safety Plan as needed. | 1. It is the responsibility of the CPS Specialist to develop a CPS Safety Plan for the child according to the required guidelines. This CPS Safety Plan shall be shared with the Child and Family Team.<br>2. The CPS Safety Plan shall be incorporated into the RBHA Safety Plan and shall be supported by the Child and Family Team.<br>3. The CPS Child Safety Assessment and Risk Assessment shall be incorporated into the CPS Safety Plan. |

**Cross-System Staff Training**

| RBHA Responsibilities | CPS Responsibilities |
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| 1. The RBHA will outreach CPS to participate in the development and implementation of trainings for BH personnel, including RBHA and CPS co-facilitation of the *Unique Needs of Children and Families Involved* | 1. CPS will invite RBHA and BH provider personnel as appropriate to participate in trainings offered by CPS to enhance knowledge and skills related to working with the population of children and families |

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| *with Child Protective Services* training.<br>2. The RBHA will make online and classroom trainings available for community members, including CPS personnel, to register and participate free of charge.<br>3. The RBHA will encourage and support family members as training participants and/or co-trainers. | involved with CPS. Examples of such trainings include SENSE training for early childhood, and Permanency Roundtable training.<br>2. CPS will encourage and support family members as training participants and/or co-trainers. |

**Resolution of Coordination Issues**

| RBHA Responsibilities | CPS Responsibilities |
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| 1. The Facilitator shall coordinate with the CPS Specialist in preparation for the Child and Family Team Meetings.<br>2. If unable to reach a consensus, the Facilitator shall consult with their Supervisor in an attempt to seek resolution before using the formal chain of command.<br>3. The Formal Chain of Command* is:<br>⇒ Facilitator to CPS Specialist<br>⇒ Facilitator Supervisor to CPS Supervisor<br>⇒ Provider Network Organization Liaison to CPS Supervisor (or will direct to other appropriate staff)<br>⇒ Provider Network Organization Clinical Director to CPS Assistant Program Manager<br>⇒ Provider Network Organization CEO to CPS Deputy Program Manager.<br>⇒ Magellan Director of Child and Youth Services to CPS Program Manager<br>*CPS Mental Health Specialist may get involved at any level as appropriate.<br>4. If the issue cannot be resolved through the Magellan Director of Child and Youth Services, the issue will be elevated to the Magellan Senior Director of Child/Youth Services and Prevention for discussion with the CPS Program Manager and final decision. | 1. The CPS Specialist shall coordinate with the Facilitator in preparation for the Child and Family Team Meetings. If emergency decisions (e.g., court order, potential disruption to placement, safety concern, or hospitalization) are made, the CPS Specialist shall notify the Facilitator as soon as possible.<br>2. If unable to reach a consensus, the CPS Specialist shall consult with their Supervisor in an attempt to seek resolution before using the formal chain of command.<br>3. The Formal Chain of Command* is:<br>⇒ CPS Specialist to Facilitator<br>⇒ CPS Supervisor to Facilitator Supervisor<br>⇒ CPS Supervisor to Provider Network Liaison (or will direct to other appropriate staff)<br>⇒ CPS Assistant Program Manager to Provider Network Organization Clinical Director<br>⇒ CPS Deputy Program Manager to Provider Network Organization CEO<br>⇒ CPS Program Manager to Magellan Director of Child and Youth Services.<br>*CPS Mental Health Specialist may get involved at any level as appropriate.<br>4. If the conflict cannot be resolved using this process, the issue will be |

| RBHA Responsibilities | CPS Responsibilities |
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| 5. Time frames: Based on urgency of need, elevate to the next level. | elevated to the CPS District Program Manager for discussion with the Magellan Senior Director of Child/Youth Services and Prevention and final decision.<br><br>5. Time frames: Based on urgency of need, elevate to the next level. |

Magellan Authorized Signature — Date 12/17/13

DES/CPS Authorized Signature — Date 11/15/13