

**Joint Protocol for Coordination of Care between  
Northern Arizona Regional Behavioral Health Authority and DES/Child Protective Services  
Districts III and Mohave County in District IV  
Effective – 01/01/2006  
Revised 12/29/06, 12/27/07, 12/31/08**

Northern Arizona Regional Behavioral Health Authority (NARBHA) and Child Protective Services (CPS) Districts III and Mohave County in District IV agree to collaborate in the coordination of service delivery to eligible children and families involved in the child welfare system. All providers with CPS and NARBHA will adhere to this protocol. The roles and responsibilities of each agency are outlined below. Implementation requires partnership at the direct staff, local and regional administrative levels within both agencies.

Both NARBHA and CPS recognize that the concepts outlined in the Arizona Children’s Vision and Principles and the mission of safety, permanency and well-being are paramount in the delivery of effective services which:

- begin with the child and his or her family
- respect their preferences, interests, needs, culture, language and belief system
- provide opportunities and mechanisms for families to identify their roles within the structure of the behavioral health system
- reflect the family’s voice

[For more information please reference the ADHS/DBHS Practice Protocol “Understanding the Unique Behavioral Health Needs of Children and Families Involved with CPS” and view the on-line “Unique Needs” training posted at [www.cftraining.com](http://www.cftraining.com)]

\*Links for this protocol can be located on the NARBHA website ([www.narbha.org](http://www.narbha.org)) or in Provider Policy 4.4 ‘Coordination of Care with Other Government Entities’

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<b>Referral Process – Crisis and Routine Assessments</b>	
<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
<p>1. Crisis Triage: NARBHA requires that Crisis Triage be conducted on all persons who present in crisis by telephone, or face to face, during business hours and after hours, 24 hours a day, seven days a week. NARBHA maintains a toll free telephone number [1-877-756-4090] for this purpose.</p> <p>NARBHA has developed a standardized Crisis Triage form in order to provide for uniform screenings.</p>	<p>1. For Persons in Crisis: See NARBHA responsibilities for Crisis Triage Services, which are available 24 hours a day, 7 days a week by calling the local Responsible Agency or NARBHA toll-free Crisis Line [1-877-756-4090]. If the CPS Case Manager is making a referral for an individual experiencing a psychotic episode or is in crisis, be sure to request "Crisis Triage" services for immediate response.</p>
<p>2. Responsible Agencies (RAs) provide both Telephone and Face to Face Crisis Triage during business hours. ProtoCall staff provide Telephone Crisis Triage after business hours and determine whether the person's needs are either Immediate or Urgent or Low/Routine.</p> <p>Intake/Assessment:</p> <ul style="list-style-type: none"> <li>▪ <u>Immediate</u> Need: Requires crisis assessment within less than two hours from identification of need or as quickly as possible when a response within 2 hours is geographically impractical.</li> <li>▪ <u>Urgent</u> Need: Requires crisis assessment within less than 24 hours.</li> <li>▪ <u>Routine</u> Need: Requires routine assessment within 7 days.</li> </ul> <p>ProtoCall is not required to contact staff at Responsible Agencies regarding members with Low/Routine acuity whose immediate needs have been handled during the Telephone Crisis Triage; however reports are forwarded to the Service Responsible Agencies by the next morning. All persons with Immediate or Urgent acuity are referred immediately by ProtoCall to on-call staff at the Responsible Agencies for Crisis Services.</p> <p>RA staff will arrange for hospitalization (when required) as well as transportation to the identified facility.</p>	<p>2. If it is determined that a client is in need of behavioral health services:</p> <p>For children entering the care and custody of CPS, the CPS Case Manager initiates a referral to the RA for Behavioral Health Services through the <u>24 Hour Urgent Response Process</u> (see next section). CPS Case Managers may submit referrals for <u>routine assessments</u> by faxing or phoning a referral to the SAA for a routine assessment.</p> <p>For Persons not in the custody of CPS who are in need of Routine Assessment: CPS will contact client or legal guardian to inform them that a referral will be made to Behavioral Health.</p> <p>For routine assessments, the CPS Case Manager can call for an intake or fax a completed Behavioral Health Referral Form to the local RA.</p>
	<p>3. The CPS Case Manager will participate in the intake and assessment process for dependent children.</p>

<b>24-Hour Urgent Response</b>
<ol style="list-style-type: none"> <li>1. As part of the Governor's CPS Reform Process, DBHS requires 24-Hour Response for children who have been removed by CPS. The purpose is to: To identify immediate behavioral health needs and presenting problems of children removed from their homes, to stabilize crises, enroll the child in the behavioral health system and offer the immediate services and supports each given child may need;</li> <li>2. Provide direct (therapeutic) support to each child removed from their home as appropriate, intending to reduce stress or anxiety the child may be experiencing;</li> <li>3. Provide direct support to each child's new caregiver as appropriate, including guidance about how to respond to the child's immediate behavioral health needs;</li> <li>4. Identify a point of contact within the behavioral health system;</li> </ol>

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<p>5. Initiate the development of a Child and Family Team process; and 6. Provide the CPS Specialist with findings and recommendations, related to the behavioral health needs of each child, within five to seven days of the referral or prior to the Preliminary Protective Hearing, whichever is the latter</p>	
<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
<p>1. The RA will offer an appointment for the child within 7 days of receiving a referral from CPS, or respond to the 24-Hour Urgent Response call within 24 Hours of CPS referral to ProtoCall for children entering CPS care.</p>	<p>1. CPS will notify the ProtoCall 24-Hour Response Line [1-800-822-5033] regarding a child removed from the home within 6 hours of removal. If the child is known to be unavailable (such as asleep or out of town) the CPS Case Manager can delay the referral for another 12-24 hours based on the needs and availability of the child. CPS will provide ProtoCall with all requested information and reserve sharing additional information for the conversation with the RA.</p>
<p>2. When responding to the 24 Hour Urgent Response call from ProtoCall, the RA will immediately call the referring CPS Case Manager to discuss and agree upon on the response time (within 24 Hours) as well as gather any additional information needed to make the face-to-face assessment.</p>	<p>2. The CPS Case Manager agrees to remain available at the phone number given to ProtoCall for 30 minutes in order to speak with the RA and provide additional information about the removal.</p> <p><u>CPS will immediately complete the Title XIX eligibility process by entering the removal date in CHILDS (CPS automated computer system).</u></p>
<p>3. Discussion between the RA 24-Hour Response Worker and the CPS Case Manager will include the sharing of appropriate, key information that may impact the RA's behavioral health recommendations. The RA will gather relevant information such as the outcome of the CPS Safety Assessment, the reason for removal, how-when-why-where the removal occurred, any known special needs of the child, any known supports for the child, where siblings are, where birth parents are, and known experience/needs of the new caregiver, etc. CPS should inform the RA of any known restrictions to clinical interviewing and subsequent recommendations that may impact court orders or forensic interview processes.</p>	
<p>4. The assessment process will be initiated by the RA during the 24 Hour Urgent Response (for children entering CPS custody) or during the initial intake appointment for children referred through routine assessment.</p> <p>Minimum Required Elements during the 24 Hour Urgent Response. (The 0-5 Assessment will be used for children in that age group):</p> <ul style="list-style-type: none"> <li>✓ Cover Sheet and Demographic Information</li> <li>✓ Risk Assessment</li> <li>✓ Mental Status Exam</li> <li>✓ Clinical Formulation and Diagnoses</li> <li>✓ CPS Addendum</li> <li>✓ Next Steps/Interim Service Plan (individualized to meet specific and immediate behavioral health needs of the child and to ensure that those services/goals are met) <ul style="list-style-type: none"> <li>a. Immediate actions to mitigate effects of removal</li> <li>b. Supports and services for caregivers to meet the child's needs</li> <li>c. Recommendations as to type, frequency, and length of contact child should have with specific relatives, siblings, friends, etc.</li> <li>d. A plan to ensure that even asymptomatic children are reassured and observed for emerging behavioral health needs.</li> </ul> </li> </ul>	<p>4. At the time of initial placement, CPS will notify the placement caregiver of the purpose and importance of the 24-Hour Response Process and that the RA will be contacting them regarding the required face-to-face assessment.</p>

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<p>The RA should provide information to CPS within 5 days of completion of the response.</p>	
<p>5. Assessments must be completed within 45 calendar days, the Behavioral Health Service Plan developed within 90 calendar days. The first behavioral health service following the initial assessment appointment is provided within timeframes indicated by clinical need, but no later than 23 calendar days of the initial assessment.</p>	<p>5. The CPS Case Manager will provide signed Authorization for Use and Disclosure to the RA regarding contact with the birth family in preparation for engaging family members to the first Child and Family Team meeting to be scheduled within 5-7 days.</p>
<p>6. For children placed in shelters, both the RA and CPS will take additional care to adequately assess and support the child. This may include completing the 24-Hour Response jointly and at minimum include developing a thorough, individualized interim service plan that addresses immediate crisis, safety, and support needs of the child and placement.</p>	

<b>Coordination of Care - Child and Family Teams</b>	
<p>NARBHA and CPS are committed to providing family-driven services through the Child and Family Team Process. CFTs are consistent with Team Decision Making and Family Group Decision Making in supporting family-driven, strength-based planning. It is also consistent with Shared-Parenting practices in supporting natural and foster family dialogue and decision-making.</p>	
<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
<p>1. Both the CPS Case Manager and RA Behavioral Health Representative will be notified of and participate in all Child and Family Team Meetings. The development of the Behavioral Health Service Plan and the CPS Case Plan and any subsequent reviews are conducted through the CFT process.</p>	
<p>2. In preparing to engage members for the first Child and Family Team meeting, the RA will seek to obtain a signed "Authorization for Use and Disclosure" from CPS to make contact with the birth family or other identified team members.</p>	
<p>3. RAs will facilitate service provision for children through Child and Family Team practice in accordance with the DBHS Child and Family Team Practice Protocol.</p> <p>The CFT must include at a minimum, the child and his/her family or guardian, any foster parents, a behavioral health representative, and should extend to any individuals important in the child's life who are identified by the team. This should include engagement and inclusion of birth family as identified by CPS unless CPS requests exclusion due to safety concerns or court orders.</p> <p>CFTs include nine essential steps (which are not strictly linear):</p> <ul style="list-style-type: none"> <li>▪ Engagement of the Child and Family</li> <li>▪ Immediate Crisis stabilization</li> <li>▪ Strengths, Needs and Culture Discovery</li> <li>▪ CFT Formation/Meeting Facilitation</li> <li>▪ Behavioral Health Service Plan Development</li> <li>▪ Behavioral Health Service Plan Implementation</li> <li>▪ On-going Crisis and Safety Planning</li> <li>▪ Tracking and Adapting</li> <li>▪ Transition</li> </ul>	<p>3. The CPS Case Manager communicates with the RA to assist in the identification of team members for the Child and Family Team and assists by providing phone numbers and contact information. CPS will assist in the identification and engagement of birth family members for the CFT process.</p> <p>The CPS Case Manager will participate in the CFT process. If the CPS Case Manager cannot attend, they will ensure another CPS representative will attend in their place. The CPS Mental Health Specialist may also attend the CFTs when possible. Any CPS Representative can participate in the role as guardian at the CFT.</p>
<p>4. The RA and CPS will partner through the CFT process to align behavioral health treatment with CPS permanency goals. This should include identifying goals to support permanent</p>	

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placements, permanent connections, placement stability, support through transitions and involvement of natural supports.	
5. Provide a copy of the approved Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the CPS Case Manager within five (5) working days of completion of the CFT.	5. Provide a copy of the CPS Case Plan, within five (5) working days of the meeting, including any new or updated professional assessments to the NARBHA Responsible Agency.
6. Behavioral Health Service Plan and CPS Case Plan reviews shall occur at least every six months or at a frequency decided on by the Team.	
7. Notification of change of CPS Case Manager and/or NARBHA Responsible Agency Behavioral Health Representative should be given to the appropriate agency within five (5) working days. CPS will update keep RA Behavioral Health Representative information updated on the CPS Attachment A Form.	
8. Provide appropriate and timely written or verbal progress information to the CPS Case Manager.	7. The CPS Case Manager will share all necessary information contained in the CPS Child Safety Assessment (CSA) and Plan and Strengths and Risk Assessment (SRA) and keep the Behavioral Health Representative updated on case issues including court orders, permanency planning, visitation issues, safety concerns, etc. in order to coordinate Behavioral Health Service Planning.
9. Communication to occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be discussed through the CFT process in order to ensure adequate coordination of care.	
10. For children placed out of area and/or out of home, both CPS and the RA must be mindful of the need for more intensive coordination of care and address issues related to out of area and/or out of home placement through the CFT process. Issues to focus on may include face to face contact, family interactions, discharge planning, permanency and natural supports, support during CFTs, access to services in other RBHA areas, coordination between multiple providers, frequency and location of meetings, etc.	
 <p><b>Want More Information?</b></p>	<ul style="list-style-type: none"> <li>☞ Child and Family Team Practice Protocol <a href="http://www.azdhs.gov/bhs/guidance/cft.pdf">http://www.azdhs.gov/bhs/guidance/cft.pdf</a></li> <li>☞ Out of Home Care Services Practice Protocol <a href="http://www.azdhs.gov/bhs/guidance/oochcs.pdf">http://www.azdhs.gov/bhs/guidance/oochcs.pdf</a></li> <li>☞ Child and Adolescent Service Intensity Instrument Practice Protocol <a href="http://www.azdhs.gov/bhs/guidance/casii.pdf">http://www.azdhs.gov/bhs/guidance/casii.pdf</a></li> <li>☞ NARBHA On-line CFT Facilitator Curriculum <a href="http://www.cftraining.com">www.cftraining.com</a></li> <li>☞ Tip Sheets for Telephonic CFTs and Coordination for Children in Multiple Geographic Areas <a href="http://www.cftraining.com">www.cftraining.com</a> (Module 6, p. 13)</li> <li>☞ DBHS/NARBHA Provider Policy 3.17. 7- D Transition of Persons, Inter-T/RBHA Transfers <a href="https://www.narbha.org/NARBHACD/provman/03/3-17.pdf">https://www.narbha.org/NARBHACD/provman/03/3-17.pdf</a></li> </ul>

**Crisis Prevention and Safety Planning**

In order to address and plan for barriers to implementing the Behavioral Health Service Plan, the CFT/AT will meet to develop a Crisis and Safety Plan. For those children over the age of 6 and who have a CASII score of 4, 5 or 6 or who are dually enrolled with the Department of Developmental Disabilities will have a Crisis Prevention Plan. However, Safety Plans are constructed when high-risk conditions, such as sexual acting out or suicidal ideations, are present. When a Safety Plan is required, there will be significant overlap with the Crisis Prevention Plan.

Reference the NARBHA On-line CFT Facilitator Curriculum Crisis and Safety Planning Module for more information on crisis prevention plans for children.

**NARBHA/Provider Responsibilities**

**Child Protective Services Responsibilities**

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<p>1. The RA will complete and document a Crisis Prevention and/or Safety plan through the Child and Family Team/Adult Team process. For children, refer to the CFT Practice Protocol which follows a four-step model that includes Prediction, Functional Assessment, Prevention, and Crisis Planning:</p> <p>Crisis Plans should be specific and should include names and phone numbers, as well as contingencies. Crisis prevention plans should include a process, agreed upon timeframes and minimum participants to engage in emergency CFTs/ATs.</p>	<p>1. The CPS Case Manager will participate in the development and on-going maintenance of the Crisis and Safety Plan through participation at CFTs/ATs and on-going coordination of care with the RA.</p>
<p>2. On notification of a potential placement disruption, the Behavioral Health Representative or facilitator will pull together an emergency CFT/AT meeting to discuss the immediate placement and support needs for the young adult or child. There should be a crisis plan already in place to pull together Team Members in case of emergencies. <i>(i.e in the event of a placement disruption, the Team agrees particular members will come together within 2-3 hours to address the crisis.)</i></p>	<p>2. The CPS Case Manager will notify the RA of any possible placement disruptions and request an emergency CFT/AT meeting if necessary.</p>
<p>3. A copy of the crisis/safety plan will be immediately given to the Team Members and updated through the Team process as needed. A copy of the plan must also be given to ProtoCall Services so information can be accessed after-hours for emergency situations.</p>	


<p><b>Transition to Adult Services</b> Young adults involved with CPS often require more intensive, creative interventions to support a successful transition to adult process. Teams should have a good understanding of the need for specialized behavioral health supports, increased focus on connections to natural supports, specific crisis and safety planning, and preparation for the transition to adulthood. Teams should also find a balance in intensive supports and recovery concepts, making sure the youth's voice is clearly heard in the service planning process.</p>	
<p><b>NARBHA/Provider Responsibilities</b></p> <p>1. For children age 16 and older, Responsible Agencies will adhere to the DBHS Transition to Adulthood Practice Protocol. CFTs will at minimum ensure various tasks are completed in-line with the Protocol and DBHS Policy 3.17 Transition of Persons at various times (age 16, 17, 17 ½ and 18).</p>	<p><b>Child Protective Services Responsibilities</b></p> <p>1. All youth in out of home care who are age 16 and older shall have an independent living plan which supports their individual transition to adulthood.</p> <p>Youth must be at least 17 to receive a subsidy through the CPS Independent Living Program. Young Adults must be approved by their CPS Case Manager and District Designee and participate in employment, school or vocational training and maintain a living arrangement in line with their contract in order to remain in CPS care past their 18<sup>th</sup> birthday.</p>
<p>2. NARBHA, the RAs and CPS will collaborate to meet their respective mandates and develop individualized transition plans that support the best interests of the child in order to facilitate a smooth transition to adult services and assist the young adult in achieving success and stability. CFT practice for young adults should include youth voice and if requested, youth-led team meetings which emphasize increased decision-making opportunities and involvement of natural supports.</p>	

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<p>3. RAs must include an Adult Team representative at all CFTs beginning at age 17 ½ or earlier on CFT request in order to ensure a smooth and supportive transition into the Adult Team.</p>	<p>3. CPS Case Managers will obtain a case plan signature from the child prior to their 18<sup>th</sup> birthday, if the child wishes to remain in CPS care. (Young adults can remain voluntarily in CPS care until their 21<sup>st</sup> birthday.)</p>
<p>4. RAs will obtain new releases and consents from the young adult after the 18<sup>th</sup> birthday.</p>	<p>4. The CPS Case Manager will assist the youth in obtaining documents such as birth certificate, social security card, state identification, medical card, Young Adult Transitional Insurance application and any other necessary information at least three months prior to their 18<sup>th</sup> birthday.</p>
<p>5. For youth who choose to disenroll from the systems after 18, the RA and CPS will provide the youth with information on available resources, how to re-engage in services, and complete a crisis plan which the youth will keep which identifies contact information for available formal and/or natural supports available to address potential needs.</p>	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; margin-right: 10px; text-align: center;"> <p><b>Want More Information?</b></p> </div> <div> <ul style="list-style-type: none"> <li>☞ DBHS Transition to Adult Practice Protocol: <a href="http://www.azdhs.gov/bhs/tas.pdf">http://www.azdhs.gov/bhs/tas.pdf</a></li> <li>☞ DBHS/NARBHA Provider Policy 3.17 Transition of Persons <a href="https://www.narbha.org/NARBHACD/provman/03/3-17.pdf">https://www.narbha.org/NARBHACD/provman/03/3-17.pdf</a></li> <li>☞ DES/ACYF Policy Chapter 12 (ILS Program) and Chapter 8, Section 5g (IL Services)</li> </ul> </div> </div>	

<b>Coordination of Care – Adult Teams</b>	
<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
<p>1. Both the CPS Case Manager and RA Behavioral Health Case Manager will be notified of and participate in all Adult Team Meetings for members age 18 and older. The development of the Behavioral Health Service Plan and the CPS Case Plan and any subsequent reviews are conducted during the Adult Team Meetings. Participation may be telephonic.</p>	
<p>2. RAs will facilitate service provision for adults through Adult Team Meetings in accordance with the DBHS Adult Team Practice Protocol.</p> <p>The Adult Team must include the Adult member and, if expressed, his/her family or guardian; the RA Case Manager; the CPS Case Manager, and should extend to any individuals important in the Adult's life and may be identified by the team.</p>	<p>2. The CPS Case Manager communicates with the RA to assist in the identification of team members for the Adult Team and assists by providing phone numbers and contact information.</p>
<p>3. The RA and CPS will partner through the Adult Team process to align behavioral health treatment with CPS permanency goals. This should include identifying goals to support permanent placements, permanent connections, placement stability, support through transitions and involvement of natural supports.</p>	
<p>4. Provide a copy of the approved Behavioral Health Service Plan and medication sheet, if applicable and any assessments, to the CPS Case Manager within five (5) working days of completion of the Adult Team meeting.</p>	<p>4. Provide a copy of the CPS Case Plan, within five (5) working days of the meeting, including any new or updated professional assessments to the NARBHA Responsible Agency.</p>
<p>5. Behavioral Health Service Plan and CPS Case Plan reviews shall occur at least every six months or at a frequency decided on by the Adult Team.</p>	
<p>6. Notification of change of CPS Case Manager and/or NARBHA Responsible Agency Case Manager should be given to the appropriate agency within five (5) working days.</p>	

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7. Provide appropriate and timely written or verbal progress information to the CPS Case Manager.	
8. Communication to occur between both agencies during the transition between RBHAs for Inter-RBHA transfer and RBHA providers during Intra-RBHA transfers. The details of these transition processes must be discussed during the Adult Team meetings in order to assure adequate coordination of care.	
 The Adult Clinical Team Practice Protocol <a href="http://www.azdhs.gov/bhs/tact.pdf">http://www.azdhs.gov/bhs/tact.pdf</a>	

**Mechanisms for Resolving Member/Consumer Complaints**

All persons enrolled with NARBHA and/or CPS have access to a complaint process for expression of dissatisfaction with any aspect of their care. Complaints about behavioral health/CPS services should always be encouraged to be resolved at the lowest possible level, yet it is equally important that persons understand that a formal complaint process is also available when needed.

**Complaints:** A complaint is defined as an expression of dissatisfaction. Possible subjects for complaints include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights.

<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
<p>1. NARBHA staffs a customer services unit which is responsible to coordinate communications with eligible and enrolled persons and acts as, or coordinates with advocates, behavioral health providers and others to resolve issues. This unit:</p> <ul style="list-style-type: none"> <li>• Educates and notifies persons about their rights and the process for filing complaints in a manner that is understandable.</li> <li>• Resolves complaints in an expeditious and equitable manner and with due regard for the dignity and rights of all persons. NARBHA is required to dispose of each complaint and provide oral or written notice within 14 calendar days.</li> <li>• Maintains confidentiality and privacy of complaint matters and records at all times.</li> <li>• Communicates, timely information on matters and decisions related to the complaint to affected parties.</li> <li>• Involves the active cooperation and participation as deemed appropriate of providers with a direct interest in the matter under review.</li> </ul>	<p>1. Attempts to resolve issues at the local level should include working through the CFT or AT process and may elevate to include contacting the RA Children's Manager or Director. Consultation is available at the regional level by NARBHA and CPS District Offices as needed.</p> <p>Complaints pertaining to member specific situations can be reported to NARBHA by utilizing their toll free telephone number: 1-800-640-2123. To submit a written complaint, mail the complaint to NARBHA Member Services at 1300 S. Yale Street, Flagstaff, AZ 86001.</p> <p>If issues cannot be resolved at these levels, see the DBHS Provider Policy Manual Section 5 for more information regarding grievance and appeal rights. Reports called "Complaint Resolutions" may additionally be reported to the ADHS/Division of Behavioral Health Services.</p>
<p>2. Complaints pertaining to member specific situations can be reported to CPS by: Contacting the local CPS Mental Health Specialist, Unit Supervisor, Assistant Program Manager, or District Program Manager or by filing a written complaint using the "Information Regarding Client Grievances" Form [ACY-1095AFORNA].</p>	
<p>3. System-level issues may also be reported in to either the NARBHA Children's Services Department or CPS Mental Health Specialist for review at the CPS/NARBHA Meeting or referred through the Children's System Barrier Resolution Subcommittee (a subcommittee of the Northern Arizona Children's Council).</p>	


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<b>Children’s System Barrier Resolution Process</b>	
NARBHA has developed a process to resolve identified children’s systems barriers that cannot be resolved at their current level. Attempts should still be made to resolve issues at the lowest level in order to continue local collaboration efforts. The Children’s System Barrier Resolution Subcommittee is part of the Northern Arizona Children’s Council (NACC) and is open to all family, community, and agency partners. The System Barrier Resolution Subcommittee meets during the last one-half hour of the NACC.	
<b>NARBHA Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
1. NARBHA will continue to host regular meetings. Meetings are typically held quarterly and teleconferencing will be available.	1. CPS District Office Staff will participate in the NACC and Barrier Resolution Subcommittee.
2. The Subcommittee will review only SYSTEMS issues, NOT member-specific situations. The Barrier Resolution process does not replace the existing complaint, complaint resolution, or grievance and appeal processes.	2. Children’s system barriers can be reported by calling NARBHA Member Services at 1-800-640-2123 to report a system barrier and request Subcommittee review (a Member Rep will assist with the completion of the form), OR by completing the Children’s System Barrier Resolution Form (located on the NARBHA Website and faxing to Member Services at (928)774-5665. Referral source information (other than identification of originating agency) will be kept confidential by NARBHA.
3. Upon referral, NARBHA Member Services will forward the completed form to NARBHA Children’s Services staff to review and schedule for the next Subcommittee meeting.	
4. NARBHA Children’s Services staff will invite any identified participants who may be of assistance in reviewing or resolving the identified barrier.	
5. The Subcommittee will determine a plan to address the barrier and facilitate resolution.	

<b>Information Sharing – Member Privacy</b>	
Verbal or non-electronic information may be exchanged between NARBHA and CPS without release of information forms.	
<b>NARBHA Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
1. NARBHA will send encrypted emails to CPS when discussing specific client information. NARBHA staff will put the phrase “[secure]” at the beginning of the subject line. The square brackets must surround the word secure.	

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Districts III and Mohave County in District IV  
Effective – 01/01/2006  
Revised 12/29/06, 12/27/07, 12/31/08**

2. NARBHA will be required to provide some basic security information and to alert CPS staff of the pass phrase they must use to open and process the encrypted email.	
3. Faxes must be sent only to secured fax machines as required by HIPAA.	1. Faxes can be sent to NARBHA at (928)-774-5665.
4. Compliance with all other HIPAA requirements	

<b>Resources each Contributes to the Care and Support of Persons Mutually Served</b>	
<b>NARBHA Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
1. All medically necessary covered behavioral health services as outlined in the Covered Services Manual and approved by the member's Child and Family or Adult Team.	1. Services may include but are not limited to: Family Group Decision Making, Team Decision making, ILS, Parent Aide, placement resources, transportation, case management, advocacy and coordination for behavioral health services, behavioral health contracts for non-TXIX eligible families (in-home family support), as determined necessary by the Child and Family or Adult Team and in accordance with their CPS case plan. CPS contracted services must be approved by the CPS Unit Supervisor.
2. NARBHA and CPS will continue to collaborate on the provision of Home Care Training to the Home Care Client (HCTC) services in northern Arizona. Both agencies will participate in regular HCTC Advisory Committees hosted by NARBHA. Both agencies agree to abide by the Northern Arizona [HCTC] Handbook.	
	<ul style="list-style-type: none"> <li>☞ DBHS HCTC Practice Protocol: <a href="http://www.azdhs.gov/bhs/guidance/hctc.pdf">http://www.azdhs.gov/bhs/guidance/hctc.pdf</a></li> <li>☞ Northern Arizona HCTC Handbook (revised 2008)</li> <li>☞ DBHS Covered Services Guide: <a href="http://www.azdhs.gov/bhs/covserv.htm">http://www.azdhs.gov/bhs/covserv.htm</a></li> <li>☞ The NARBHA Provider Listing is available on the home tab/resources on the NARBHA website <a href="http://www.narbha.org">www.narbha.org</a></li> </ul>

<b>Process Improvement</b>	
NARBHA and CPS administration have agreed to utilize the local joint meetings between Responsible Agencies and CPS as the primary venue for discussion and resolution of issues. The NARBHA Children's Services Manager and District III and District IV Program Managers will schedule meetings as necessary to discuss system issues. Local and Regional communication may be built into the existing Northern Arizona Children's Council meeting structure.	
<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
1. Local RA and CPS staff will meet at a minimum of once each quarter. Agendas and sign in sheets for these quarterly meetings will be forwarded to NARBHA and the local CPS Mental Health Specialist by a designated chairperson for that meeting. Meetings must address at a minimum, the following	1. At a minimum CPS will send local representatives to each meeting. Program Managers and Mental health Specialists are also encouraged to attend.

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<ul style="list-style-type: none"> <li>▪ Joint training needs</li> <li>▪ What's working – what's not working</li> <li>▪ Community resources/initiatives</li> </ul>	
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<b>Identification of Joint Training Needs</b>	
<b>NARBHA/Provider Responsibilities</b>	<b>Child Protective Services Responsibilities</b>
1. Joint training needs are discussed and decided on in a collaborative manner. Ideas for trainings are obtained from management staff at both NARBHA and CPS, from line staff input, during the Northern Arizona Children's Council, NARBHA's Adult and Children's Services Meetings, and CPS Staff meetings.	
2. Training on this Joint Protocol is mandatory for all children's behavioral health and CPS employees within six months of employment with updates reviewed annually. An overview training is available on Essential Learning.	
3. NARBHA and CPS staff will abide by the DBHS Clinical Guidance Documents related to best practice with our mutual populations.	
4. NARBHA will host quarterly training on 'Understanding the Unique Needs of Children and Families involved with CPS' for RAs. DBHS policy 9.1 requires all child-serving staff to be trained within six months of employment.	
<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block; margin-bottom: 10px;"> <p style="margin: 0;"><b>Want More Information?</b></p> </div> <ul style="list-style-type: none"> <li>☞ DBHS Clinical Guidance Documents: <a href="http://www.azdhs.gov/bhs/guidance/guidance.htm">http://www.azdhs.gov/bhs/guidance/guidance.htm</a></li> <li>☞ The Unique Behavioral Health Service Needs of Children Involved with CPS : <a href="http://www.azdhs.gov/bhs/guidance/unique_cps.pdf">http://www.azdhs.gov/bhs/guidance/unique_cps.pdf</a></li> <li>☞ Understanding the Unique Needs of Children Involved with CPS On-line Curriculum <a href="http://www.cfttraining.com">www.cfttraining.com</a> )</li> </ul>	