

**Where will the Children Go -
A Virtual Symposium on Caregivers
for Arizona's Foster Children**



House Keeping



Use Chat to ask questions.



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Certificate will be sent to all registered participants next week.

Why am I here?



What will I learn?

Network of Caregivers Guide

- Caregiver types
- Medical Necessity
- Therapeutic foster care
- Family First Prevention Services Act
- Qualified Residential Treatment Placement

Courtroom discussion and decision making



Using the Network of Caregivers Guide



Network of Caregivers Guide

- Kinship Care
- Foster Care
- Traditional Group Care
 - Standard, Structured, Significant Trauma, Sexually Maladaptive, Medically Complex



New Federal Requirements - FFPSA

Conduct Assessment



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graph TD; A[Conduct Assessment] --> B[Court Receives Assessment]; B --> C[Court Enters Orders];
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Court Receives Assessment

Court Enters Orders

Family First Prevention Services Act (P.L. 115 – 123)

- No Funding for Traditional Group Home
- Qualified Residential Treatment Placement (QRTP)
- Independent assessment

Medical Necessity

Caregiver Levels of Care

- Therapeutic Foster Care
- Behavioral Health Residential Facility (BHRF)
- Behavioral Health Inpatient Facility (BHIF)

Medical Necessity Review Process



Psychiatric Hospitalization

- Considered an emergency service – prior authorization not required
- Authorization is required for continued stay, based on medical necessity criteria
- Highest level of care – most restrictive
- 24 hour medical and nursing care
- Doctor sees youth daily
- Social work and direct support staff
- Goal is acute stabilization, not treatment
- No intensive psychotherapies
- No school

Behavioral Health Inpatient Facility (BHIF)

- Residential Treatment Center
- Requires prior and continued stay authorizations
- Highest level of residential care
- Secure facility, not necessarily locked
- 24-hour nursing and therapeutic interventions
- Medical provider available at all times; not required to see youth daily
- Intensive therapies= individual, group, family; based on reason youth was admitted to program
- Onsite school

Behavioral Health Residential Facility (BHRF)

- Therapeutic Group Home
- Prior and continued stay authorizations required
- Not secure, less restrictive
- May be a house or other community setting
- 24-hour therapeutic interventions
- May have limited nursing
- Onsite medical/psychiatric services not required (youth to continue with outpatient provider)
- Intensive therapies – individual, group, family; based on reason youth was admitted to program
- Onsite school not required

Therapeutic Foster Care (TFC)

- Home Care Training to Home Care Client (HCTC)
- Prior and continued stay authorization required*
- Least restrictive setting, family home
- TFC to provide direct support interventions
- Youth can continue to see outpatient therapist and psychiatric provider

For All 3 Behavioral Health Residential Levels of Care

- Clinical threshold must be met
- Specific treatment goals
- Time limited
- Discharge planning needs to begin at day one
- Not setting to focus on extensive trauma treatment

Not to be used:

- As alternative to detention
- As placement for child who is danger to community
- In lieu of home, place to live or usual adult supervision
- When other, less restrictive services are available and appropriate

Courtroom Dynamics & Clinical Decision Making

Panel of Experts Includes:

- Hon. Joseph Kreamer, Presiding Juvenile Judge, Maricopa County Superior Court, **Moderator**
- Hon. Kathleen Quigley, Pima County Superior Court, **Juvenile Court Judge**
- Michael Faust, Director, Arizona Department of Child Safety, **Child Welfare Expert**
- Dr. Sala Webb, Chief Medical Office of Behavioral Health, Arizona Department of Child Safety, **Behavioral Health Expert**
- Sandra Diehl, Coconino County Public Defender, **Parent's Attorney**
- Chris Phillis, Director of Public Defense Services, Maricopa County Office of the Public Defender, **Child's Attorney**
- Anndrea Kawamura, Northwest Section Chief Counsel, Office of the Attorney General, **Child Welfare Agency Attorney**
- Eric Meaux, Chief Probation Officer, Maricopa County Juvenile Probation Department, **Juvenile Probation**

Scenario #1

A 14-year-old child is placed with his uncle and is found dependent as to both parents. The uncle is struggling to control the child's behaviors. The child has run away twice and told the uncle of thoughts of self-harm. The child is refusing to attend school. The uncle wants child removed.

Scenario #2

DCS case manager, child's attorney/GAL and parent attorneys all believe that child needs a "higher level of care" than the child is receiving. However, case manager reports that the child has not been "approved."

Scenario #3

17-year-old child. First referral at 15 years old for drug paraphernalia at school. Received diversion. Multiple missing person reports over the next 18 months from parents, who report that the child is a habitual runaway. Behavior escalates to physical assaults on parents when they question the child. Placed on probation after latest incident, received 90 days deferred detention. Now back after 14 days of detention for a review of status hearing. Reportedly doing well in detention.

Previously had a brief stay at behavioral health facility, diagnosed with Oppositional Defiant Disorder and Mood Disorder. Prescribed medication for anxiety. Parents now afraid and don't want the child home without treatment. Mother is seeking a therapeutic placement, but the child has been denied at Devereux and Mingus Mountain.

Juvenile Probation Officer now recommends that the child remain detained until parents can secure a "therapeutic placement."

Scenario #4

Is there a preferred caregiver/approach
when the child is a frequent runaway?
A sex trafficking victim?

Conclusion

Thank you all for your attendance at today's training and for your continued commitment to the safety, permanency, and well being of Arizona's foster children...