



Section 4.5 Partnerships with Families and Family-Run Organizations in the Children's Behavioral Health System

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I. STATEMENT OF PURPOSE:

Arizona holds a distinction in the United States for promoting various family roles within the children's behavioral health system. The involvement of families is credited as making a significant contribution to improving the service system. The following information addresses the types of roles available to families including parents/caregivers with children receiving services when they are employed, volunteer or compensated in other ways, such as stipends or contracted work, and the elements that help families become effective in these roles.

This section is organized around three categories of roles for families:

1. Families are encouraged to participate in and are supported as active and respected members of their child's Child and Family Team (CFT). In this capacity, families drive the development and implementation of a service plan that will respond to the unique strengths and needs of the child and family.
2. Families participate in various activities that influence the local, regional, and state service system. This type of activity is commonly called "family involvement." In Arizona, families have a range of opportunities to offer their unique insight and experience to the development and implementation of programs and policies. This includes various advisory activities on Boards, committees and policy making groups that work to improve children's behavioral health services.
3. Family members work in a professional capacity in the children's behavioral health system. In this capacity, family members offer a special type of support (peer-delivered) to the families and children that they serve. Further, families who work in the service system influence the system by contributing the family perspective.



In addition, this section describes the role of family-run organizations in helping with the recruitment, training, and support of family members.

Procedures outlined in this policy section are aimed at achieving the following outcomes:

1. Improved functional outcomes for children, youth, and families;
2. Improved engagement and collaboration in service planning between children, youth, families, community providers and other child serving agencies;
3. Improved identification and incorporation of strengths and cultural preferences into planning processes;
4. Coordinated planning for seamless transitions; and
5. A stronger partnership with families in the process of supporting their child/youth's behavioral health needs.

II. **REFERENCES:**

The following PY CSP Provider Manual sections can serve as additional resources for this content area:

Section 3.23, Cultural Competency

The following AHCCCS document can also serve as resources for this content area:

[AHCCCS/TRBHA Intergovernmental Agreement \(IGA\) 2021](#)

III. **DEFINITIONS:**

Family involvement: Meaningful family involvement occurs when positive outcomes are linked with system characteristics. Successful outcomes are directly linked with strategies that provide families with a cluster of three attributes: access, voice, and ownership.

- Access occurs when youth and family members are offered valid opportunities for inclusion in the process of deciding what sort of services will be provided and how they will be delivered. In other words, family members have a seat at the table when the real work of planning is taking place.
- Voice is present when youth and family members not only have a seat at the planning table but also have an opportunity to present their perspectives and to be heard during the planning process.



- Ownership exists when youth and family members feel a sense of commitment to the course of action which has been developed through the planning process, identify with it, and believe it to be worthwhile.

Family-run organizations: A family-run organization is an organization that has a board of directors made up of more than 50% family members, who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18 or 21 if the adolescent is being served by an Individual Education Plan (IEP) or up to 26 if the young adult is being served by an Individualized Service Plan (ISP) in transition to the adult mental health system.

Family member: A spouse, parent, adult child, adult sibling, or other blood relative of a person undergoing treatment, evaluation, or receiving community services (A.R.S. § 36-501).

Parent-delivered support or service: Emotional and informational support provided by a parent or caregiver who has similar personal life expertise and has navigated two child serving systems.

Youth/young adult-delivered support: A young adult who has been a recipient of services or a sibling that provides support guidance, training and coaching of the youth with the goal of enhancing the youth's life skills.

IV. STANDARDS:

CSP demonstrates its commitment to ensuring the success of family involvement and family-run organizations in Arizona by:

1. Identifying family involvement as a necessary and effective component of Arizona's behavioral health system;
2. Defining roles that are uniquely intended for parents-caregivers of children who receive or have received services;
3. Defining roles that are uniquely intended for youth and young adults who receive or have received services; and
4. Describing the roles that family-run organizations play in optimizing family involvement and roles for parents/caregivers, youth and young adults who receive or have received services.

V. PROCEDURES:

A. Effective family participation in service planning and service delivery:

Through the CFT process, parents/caregivers and youth are treated as full partners in the planning, delivery and evaluation of services and supports.



Parents/caregivers and youth are equal partners in the local, regional, tribal, and state organizations representing the family perspective as participants in systems transformation. Behavioral health providers must:

1. Ensure that families have access to information on the CFT process and can decide whether to fully participate in all aspects of service planning and delivery;
2. Approach services and view the enrolled child in the context of the family rather than isolated in the context of treatment;
3. Recognize that families are the primary decision-makers in service planning and delivery;
4. Provide culturally and linguistically relevant services that appropriately respond to a family's unique needs (see *Section 3.23, Cultural Competency*);
5. Offer family peer-to-peer support to families and make peer representation available to the CFT when requested;
6. Provide information to families on how that can contact staff at all levels of the service system inclusive of the provider agency, TRBHA and AHCCCS at intake and throughout the CFT process; and
7. Work with the TRBHAs to develop training in family engagement and participation, roles and partnerships for provider staff, parents/caregivers, youth, and young adults.

B. Responsibilities of TRBHAs and their behavioral health service providers:

Family members, youth and young adults must be involved in all levels of the behavioral health system, whether it be serving on boards, committees, and advisory councils or as employees with meaningful roles within the system. To ensure that family members, youth and young adults are provided with training and information to develop the skills needed, TRBHAs and TRBHA providers must:

1. Support parents/caregivers, youth and young adults in roles that have influence and authority;
2. Establish recruitment, hiring and retention practices for family, youth and young adults within the agency that reflect the cultures and languages of the communities served;
3. Provide training for families, youth, and young adults in cultural competency;



4. Assign resources to promote family, youth and young adult involvement including committing money, space, time, personnel, and supplies; and
5. Demonstrate a commitment to shared decision making.

C. Organizational commitment to employment of family members:

Providers must demonstrate commitment to employment of parents/caregivers, and young adults by:

1. Providing positions for parents/caregivers and young adults that value the first-person experience;
2. Providing compensation that values first-person experience commensurate with professional training;
3. Establishing and maintaining a work environment that values the contribution of parents/caregivers, youth, and young adults;
4. Providing supervision and guidance to support and promote professional growth and development of parent/caregivers and young adults in these roles; and
5. Providing the flexibility needed to accommodate parents, family members and young adults employed in the system, without compromising expectations to fulfill assigned tasks and roles.

D. Provider commitment to the functions of family-run and parent support organizations:

Family-run and parent support organizations play a crucial role in supporting families, youth and young adults involved in the children's behavioral health system. They are key partners in transforming Arizona's behavioral health system and are vital to the process of identifying meaningful roles and opportunities for family members, youth, and young adults to actively contribute to that transformation.

Family-run and parent support organizations not only support the current involvement and roles of family members, youth, and young adults, but also work toward identifying and developing the next generation of community leaders. To demonstrate commitment to the importance and functions of family-run and parent support organizations, providers must:

1. Establish partnerships with family-run and parent support organizations;



2. Connect family members with family-run and parent support organizations as soon as the child is enrolled in the behavioral health system to provide information and parent peer-to-peer support; and
3. Model an environment that encourages and promotes the ability of family-run and parent support organizations to provide coaching, mentoring, and training to family members.

E. Training on family and youth involvement in the children's behavioral health system:

To ensure understanding and implementation of the procedures described in this section, TRBHAs and their service providers must provide training and deliver training services using the following process:

1. Providers must establish partnerships with family-run organizations to co-facilitate trainings on family-professionals. The TRBHAs and their behavioral health providers must identify family members actively involved in system transformation efforts and use family-run organizations to deliver family leadership trainings that have been designed and implemented in partnership with family leaders; and
2. The TRBHAs and their behavioral health providers must partner with family run organizations in the delivery of trainings on peer-to-peer roles for family members employed in the system.