ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATIONS

BEHAVIORAL HEALTH RESIDENTIAL FACILITY SERVICES*
GENERAL MENTAL HEALTH POPULATION

Service Code 104

SERVICE DEFINITION:

This service provides 24-hour residential care within a supportive, structured, protective living environment. Services are designed to provide continuous protective oversight and treatment to a youth who is able to participate in all aspects of treatment and to meet his/her basic physical and age-appropriate needs but who needs treatment to maintain or enhance independence. Services must also target the youth's criminogenic need(s).

The program shall integrate Evidence-Based Practice (EBP) components to reduce juvenile risk. Programming and services shall be skill based, individualized, and coordinated to assist the youth in transition to a lower level of care and/or reintegration back to the community. Upon completion of the program, youth are expected to demonstrate behavioral stability in the community. This service supports off-site school attendance.

Adjunct programming shall include skill building components such as life skills, interpersonal skills, independent living, problem solving, and/or recreational activities. Services may occur in an individual, group and/or family format. The Contractor shall ensure low risk youth are not combined with medium and high risk youth in a group setting. Additionally, consideration must be given to "group" youth according to their development stage (early, middle, or late adolescence) and/or cognitive ability. Appropriate placement in a group setting must be documented in the individual client file.

Individuals providing service provision shall have the ability to provide appropriate behavioral interventions to address the cognitive, social or behavioral problems of youth, which may include a wide range of personal, interpersonal, situational, and functional problems.

STANDARDS/LICENSURE REQUIREMENTS:

Agency:

The provider agency must be licensed by the Arizona Department of Health Services Division of Licensing (ADHSL) as a Behavioral Health Residential Facility meeting the specific requirements of A.A.C. R9-10 and be accredited by a National Accreditation such as; The Joint Commission (TJC); Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF). Additionally, the facility must meet the requirements for seclusion and restraint set forth in A.A.C. R9-10 and in accordance with 42 CFR 441 and 483.

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Professional Personnel

Direct therapeutic services at a minimum, must be provided by a person who holds a Master's degree and with one of the following:

- Receives clinical supervision and is pursuing independent licensure in a behavioral health field as set forth in the AOC Standard Terms & Conditions and has demonstrated professional experience to work with the adolescent general mental health population.

- Receives clinical supervision with an independently licensed professional as set forth in the AOC Standard Terms & Conditions and has demonstrated professional experience to work with the adolescent general mental health population.

The Contractor is responsible for documenting in the personnel file, verification of professional credentials and experience for each professional personnel.

UNIT OF SERVICE:

One unit equals any part of one residential day. After the first day, the youth must be in residence at 11:59 p.m. for each day reported for the resident to qualify for payment.

SERVICE GOAL:

Identify, stabilize and assist youth in the development of skills to address general mental health behaviors in an effort to reduce the risk of recidivism and to transition the youth back into the community as appropriate.

SERVICE TASKS:

1. Provide care in a supervisory residential setting appropriate to the needs of the youth, including 24-hour supervision. This includes assessment, intervention, reassessment, and discharge planning with all involved parties.

2. Provide or arrange a medical examination in accordance with applicable licensing regulations and record the youth's behavioral health history.

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3. Conduct treatment team meetings inviting all involved parties (i.e. client, family, probation officer) for the coordination of care (i.e. therapeutic, discharge and transition planning). Additional requirements may also include the formation and participation in Child and Family Teams for Title XIX and Title XXI enrolled youth.

4. Conduct and implement treatment/service planning, plan review and update, and discharge planning in accordance with AOC Standard Terms & Conditions. Planning shall be individualized for the youth's transition to a lower level of care and/or reintegration back to the community and completed within the following timeframes:

   - An initial treatment/service plan must be completed within 48 hours after the youth first receives treatment pursuant to R9-10-308;
   - A comprehensive treatment/service plan shall be developed within thirty (30) calendar days after completion of the assessment or upon admission to the program;
   - Treatment /service plan review and update shall be conducted when additional client deficits which need intervention are identified, or at least every ninety (90) days from the initial date of the comprehensive treatment plan; and
   - Discharge planning shall commence upon admission and occur continuously as part of the treatment planning process.

5. Obtain parental/family involvement in the service design, delivery and discharge planning through participation in the treatment planning process, ongoing review of services provided, and input into the youth's discharge plan. Documentation of parental/family involvement shall be noted in client file and/or reports as required.

6. Provide and support purposeful activities and behavioral health treatment therapies intended to reduce recidivism, support family reunification, and facilitate community reintegration. Activities and services must be documented on a daily schedule and shall target the youth's behavioral health, physical, developmental, emotional, educational, cultural, and social needs.

7. Arrange and support, as necessary, psychiatric services which include, but are not limited to, appointments with the youth's psychiatrist for medication management/review.

8. Arrange and support off-site educational services and participate in Individual Educational Planning (IEP) as necessary.

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9. Transportation must be provided, as necessary, to and from medical and dental examinations, school, court, therapy, home visits, and routine day-to-day activities.

10. Title IV-E: The probation officer may identify a youth as a Title IV-E eligible case, including cases pending eligibility. The Contractor shall conduct and document the following tasks and notification in the client file.

    a. Individual Service Plan: Within five (5) business days of receiving written notification of the Title IV-E status from the Probation Department, the Contractor shall review and modify the youth's individual treatment plan to ensure the plan contains the following:

    - Referrals to services to support family reunification;
    - Family involvement, including but not limited to, family visits, parenting classes, home visits, telephone contact between family and the Contractor and/or youth;
    - Youth's behavioral health and/or substance abuse needs;
    - Youth's medical needs;
    - Youth's educational needs; and
    - Identification of youth and family risk or protective factors that may impact a safe and timely family reunification.

    b. CHILDS case plan: In conjunction with task #10a, obtain the youth's CHILDS case plan from the Probation Department and integrate the objectives and goals into the youth's individual service plan.

    c. Monthly progress and discharge reports: Contractor shall submit reports which include the requirements outlined in the AOC Standard Terms and Conditions and clearly describe the youth's progress/lack of progress towards goals identified in the individualized service plan. Documentation in the client file shall support the findings in the reports.

    d. Home visits: Within five (5) days after the youth returns from a home visit the Contractor shall assess the following and communicate findings to probation officer; all findings and records of communication shall be maintained in the client file:

    - The impact of the home visit relative to the youth's individual service plan and goals;

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- Examples of the youth and family's use of effective communication and conflict resolution skills;
- Risk and protective factors in the home that may impact family reunification; and
- If progress was not made during home visit, determine the youth and family needs, provide intervention and monitor progression.

11. For Residential Treatment services (ADHSL licensed Behavioral Health Residential Facility or facilities with National Accreditation by either The Joint Commission (TJC); Council on Accreditation (COA) or Commission on Accreditation of Rehabilitation Facilities (CARF)); a progress report is due to the court five days prior to the Court hearing and must meet the requirements of ARS § 8-273 (G) or ARS § 8-341.01 (C) which include:

    - The nature of the treatment provided, including any medications and the youth's current diagnosis;
    - The youth's need for continued residential treatment services, including the estimated length of the services;
    - A projected discharge date;
    - The level of care required by the child and the potential placement options that are available to the youth on discharge; and
    - A statement from the medical director of the residential treatment services facility or the medical director's designee as to whether residential treatment services are necessary to meet the child's mental health needs and whether the facility that is providing the residential treatment services to the youth is the least restrictive available alternative.

12. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

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Provider proposes: (check one)

Males _____ **or** *Females* _____

Facility name, address and behavioral health license number: If the agency has more than one facility, ***each*** facility must be proposed independently in a completed service specification.

_____

_____

_____

The provider must include with the application an annual itemized service budget and clearly document all relevant budget assumptions and program description.

Detailed program description attached (check) _____

Detailed daily schedule attached (checked) _____

Detailed budget attached (check) _____

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Service Code 104

I have read and fully understand the requirements to provide a Behavioral Health Residential Facility Services (general mental health population), I agree with all requirements and I propose the following rate:

Proposed Service Rate: (service code 104) $ _____ / day

Other agreement: _____

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_____

Facility name, address and behavioral health license number where the service will be provided. If the agency has more than one facility, ***each*** facility must be proposed independently in a completed service specification.

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_____

_____
Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate: (service code 104) $ _____ / day

Other agreement: _____

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_____ _____
Contractor Signature / Date AOC Signature/ Date

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