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

# BEHAVIORAL HEALTH RESIDENTIAL TREATMENT SERVICES*
# GENERAL MENTAL HEALTH POPULATION
# (On-Site or Off-Site School)

**Service Code 103**

## SERVICE DEFINITION:

This service provides twenty-four (24) hour residential services within a structured environment for the adolescent general mental health population. Services are designed to provide treatment to a youth who is experiencing a behavioral health issue that limits his/her independence at the community level upon admission but the youth is able to participate in all aspects of treatment and to meet their basic physical and age-appropriate needs. Services must also target the youth's criminogenic need(s).

The program shall integrate Evidence-Based Practice (EBP) components to reduce juvenile risk and improve the youth's long-term behavioral stability in the community. Programming and services shall be individualized and coordinated to assist the youth in transition to a lower level of care and/or reintegration back to the community. The agency must demonstrate and document efforts to engage the family in the youth's residential episode of care. This service must provide an on-site or off-site school.

Adjunct programming may include, but is not limited to, life skills development, communication skills, and therapeutic social and/or recreational activities. Therapeutic services and adjunct programming 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 youth's file along with efforts by the agency to involve the family in service planning, service delivery, and discharge planning.

Individuals providing service provision shall have the ability to provide appropriate interventions to address the cognitive, social, and/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 treat adolescent general mental health behaviors to reduce the risk of recidivism and/or prevent placement of youth into a more restrictive level of care.

## SERVICE TASKS:

1. Provide structured treatment in residential setting appropriate to the needs of the youth, including 24-hour supervision. Treatment includes assessment, intervention, reassessment, and discharge planning with all involved parties.
2. Provide a comprehensive examination in accordance with applicable licensing regulations and record the youth's behavioral health history.
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.

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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 shall be 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 the 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. Offer an educational program approved by the Arizona Department of Education (ADE) or accredited by the North Central Association as required by Title 15 (Educ.) for Elementary and Secondary Schools. The provider must provide a continuum of educational services which address the needs of the youth and participate in Individual Education Planning (IEP) as appropriate.

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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 & Conditions and clearly describe the youth's progress/lack of progress towards goals identified in the individualized service plan. Documentation in the client's 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's and family's needs, provide intervention, and monitor progression.

11. For Residential Treatment services (ADHSL licensed Behavioral Health Residential Facilities or facilities that are Nationally Accredited 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 youth 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 youth's mental health needs and whether the facility that is providing the residential treatment services to the youth in the least restrictive available alternative.

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

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Contractor proposes: (check one in each category)

Education:

*On-site school* _____ **or** *Off-site school* _____

Private residential school _____

Charter school _____

Gender: *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. School expenses may not be included in the itemized budget or proposed in the daily rate**.

Detailed program description attached (check) _____

Detailed daily schedule attached (checked) _____

Detailed budget attached (check) _____

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

Proposed Service Rate: (service code 103) $ _____ / day

Other agreement: _____

_____

_____

_____
Contractor Signature / Date

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**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

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Final Contract Rate: (service code 103) $ _____ / day

Other agreement: _____

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_____ _____
Contractor Signature / Date AOC Signature / Date

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