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

GENERAL MENTAL HEALTH INPATIENT FACILITY SERVICES*
(Unlocked and Locked)

Service Codes 102 & 116

SERVICE DEFINITION:

This service provides twenty-four (24) hour residential psychiatric and behavioral services within a highly structured environment for the adolescent general mental health population. Services may occur in a locked or unlocked facility and are designed to address the youth's identified medical and criminogenic needs.

Services are continuous and directed to youth who have a limited or reduced ability to meet the his/her basic physical age-appropriate needs; to be a danger to self, a danger to others, or gravely disabled; to suffer severe and abnormal mental, emotional, or physical harm that impairs judgment, reason, behavior, or the capacity to recognize reality upon admission.

The program shall integrate Evidence-Based Practice (EBP) components to reduce juvenile risk and improve the youth's long-term psychiatric and 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 as clinically appropriate. The agency must demonstrate and document efforts to engage the family in the youth's residential episode of care. This service must include an on-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 counseling 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, 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 psychiatric, cognitive, social or behavioral problems of youth, which may include a wide range of personal, interpersonal, situational and functional problems. The program service description must be submitted with the application.

*OBHL Licensure: Formerly licensed as a Level I Residential Treatment Center and is now licensed as a Behavioral Health Inpatient Facility.

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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.

Professional Personnel:

Direct therapeutic services at a minimum must be provided by an independently licensed professional or a person who holds a Master's degree in a behavioral health field and has demonstrated professional experience to work with the adolescent general mental health population. Documentation of professional credentials and experience with the identified client population must be maintained in the personnel file.

Clinical supervision for professionals who are not licensed independently must be conducted in accordance with AOC Standard Terms & Conditions.

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 psychiatric and 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 an intensive residential treatment setting appropriate to the needs of the youth, including 24-hour supervision. This includes assessment, intervention, reassessment, and discharge planning with all involved parties.

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2. Provide or arrange a medical 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.

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

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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.

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 youth file shall support the findings in the reports.

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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;
- 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 is 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 _____

Private residential school _____

Charter school _____

Facility *Unlocked* _____ **or** *Locked* _____

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. 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 (check) _____

Detailed budget attached (check) _____

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I have read and fully understand the requirements to provide General Mental Health Inpatient Residential Services, I agree to all requirements and I propose the following rate:

Proposed Service Rate:

General Mental Health Inpatient Residential Services:

Unlocked (service code 102) $ _____ /day

General Mental Health Inpatient Residential Services:

Locked (service code 116) $ _____ /day

Other agreement: _____

_____

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_____
Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate:

General Mental Health Inpatient Residential Services:

Unlocked (service code 102) $ _____ /day

General Mental Health Inpatient Residential Services:

Locked (service code 116) $ _____ /day

Other agreement: _____

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_____ _____
Contractor Signature / Date AOC Signature / Date

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