

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
LEVEL II RESIDENTIAL FACILITY
(On-Site or Off-Site School)
Service Code 221**

SERVICE DEFINITION:

This service provides 24 hour out-of-home care within a structured therapeutic environment. Treatment addresses the youth's behavioral health needs that were determined at admission. Treatment includes a plan for subsequent discharge to a lower level of care. Therapeutic interventions may include individual, group and/or family counseling. Other programming, such as, life skills development, communication skills and therapeutic social and/or recreational activities may be included in the service.

The service must be specifically designed to address general mental health, substance abuse or sex offending populations. The service cannot combine these three population types. The provider must clearly identify the client target population on the application and on the service specification. The program service description must be submitted with the application.

STANDARDS/LICENSURE REQUIREMENTS:

The provider agency must be licensed by the Office of Behavioral Health Licensure (OBHL) as a Level II Residential Treatment Center meeting the appropriate specific requirements of A.A.C. R9-20.

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 residence to qualify for payment.

SERVICE GOAL:

Through 24 hour out-of-home care, supported by therapeutic intervention, treat presenting behavioral health needs to improve or stabilize youth and prevent placement in a more restrictive environment. Provide treatment specific to the youth enabling the youth to move to a less restrictive level of care as soon as treatment goals are met.

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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 medical examination and behavioral health history.
3. Participate with all involved parties in the coordination of care, which may include, but is not limited to, the formation and participation in the child and family teams.
4. With all involved parties, develop a treatment plan and/or an individual service plan or other required case plan which enables the youth to move to the least restrictive environment as soon as treatment goals are met.
5. May provide or arrange, as necessary, psychiatric services which include, but are not limited to, medication and medication management and review.
6. Increase parental/family involvement for the purpose of strengthening parental/family bonds, as appropriate.
7. Provide and support purposeful activities and behavioral health treatment therapies consistent with the youth's behavioral health, physical, developmental, emotional, educational, cultural and social needs. Provide or arrange and support the needs of the family.
8. Level II Facility with an On-Site School must provide an educational program component approved by Arizona Department of Education (ADE) or accredited by the North Central Association for Elementary and Secondary Schools is required. Level II Facility with an Off-Site School must ensure enrollment of the youth into an ADE approved school. The Contractor must provide a continuum of educational services which addresses the needs of the youth and participate in Individual Educational Planning (IEP) as necessary.
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. Provide documentation and reports as required by contract.

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Provider proposes: (check one)

On-site school _____ **or** *Off-site school* _____
Private residential school _____
Charter school _____

Provider proposes: (check only one)

General mental health _____ *Sex offender* _____ *Substance abuse* _____

Provider proposes: (check one)

Males _____ **or** *Females* _____

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.

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 budget attached (check) _____

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I have read and fully understand the requirements to provide a Level II Residential Facility, I agree to all requirements and I propose the following rate:

Proposed service rate: \$ _____ / day

Other agreement: _____

Provider signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate: \$ _____ / day

Other agreement: _____

Provider Signature / Date

AOC Signature / Date