



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Year 2019-2024

Behavioral Health Inpatient Facility: General Mental Health Population Service Specification  
 Service Codes 102, 116  
 (Locked or Unlocked)

<b>BEHAVIORAL HEALTH INPATIENT FACILITY: GENERAL MENTAL HEALTH POPULATION, Service Codes 102, 116</b>	
<b>Category</b>	Out-of-Home Care Services (Form F3)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Residential</li> </ul>
<b>Targeted Population</b>	<p><b>General Mental Health Population:</b></p> <ul style="list-style-type: none"> <li>Juveniles with a Mental Health diagnosis congruent with DSM-5</li> <li>Moderate- or High-risk juvenile, as indicated on Service Authorization Form (SAF) and determined by probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>The provider agency must be licensed by the Arizona Department of Health Services Division of Licensing (ADHS) as a Behavioral Health Inpatient Facility meeting the specific requirements of AAC R9-10 and must be nationally accredited by the appropriate agency.</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>This service provides twenty-four (24) hour residential psychiatric and behavioral health services within a structured environment for the adolescent general mental health population. Services are designed to provide treatment to youth who have a limited or reduced ability to meet their basic physical age-appropriate needs; and/or who suffer severe mental/emotional disturbances that impair judgment and the ability to function in the community</li> <li>Services must also target identified trauma history and the juvenile’s criminogenic need(s)</li> <li>Treatment delivery must utilize evidence based or promising practice models that are designed for juveniles</li> <li>Treatment services should involve a family component when possible and should seek to strengthen family relationships by improving communication and improving family members’ ability to support the juvenile’s treatment progress</li> <li>The program shall integrate Evidence-Based Practice (EBP) components to improve the juvenile’s long-term behavioral stability in the community and reduce the juvenile’s risk for recidivism. Programming and services shall be individualized and coordinated to assist the juvenile in transition to a lower level of care and/or reintegration back to the community</li> <li>Services are delivered through individual, family, and group therapy, and may include multi-family group sessions</li> </ul>



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<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"> <li>Juvenile will have exhibited progress on treatment goals as outlined in treatment plan</li> <li>Juvenile will have improved daily functioning and diminished mental health symptoms</li> <li>Community support systems are identified, and a discharge plan is completed to help maintain stability in the community</li> <li>Contractor has coordinated with other community providers for on-going treatment after discharge</li> <li>Juvenile will demonstrate a reduction in the criminogenic risks identified by the probation officer, as evidenced by the re-assessment of the AZYAS, or as observed progress on the service goals that were targeted to those factors</li> </ul>
<b>Service Tasks</b>	<p><b>Contract requirements set forth in the AOC Standard Terms &amp; Conditions are applicable. Additionally:</b></p> <ol style="list-style-type: none"> <li>1. Document the delinquency risk level in the juvenile’s file as reflected on the Service Authorization Form (SAF) and determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment when applicable for transferred juveniles. Additionally, document how low-risk juveniles are not placed in groups with moderate- and high-risk juveniles and how the placement was determined. Consideration shall be given to placement of the juvenile according to gender and developmental stage (early, middle, late adolescence).</li> <li>2. Criminogenic risks and needs of the juvenile must be identified at the initiation of treatment from the probation risk assessment summary, be addressed throughout the course of treatment, and recorded in the juvenile’s file. Ongoing discussion with the probation officer about criminogenic needs is preferred.</li> <li>3. Provide an inpatient treatment setting appropriate to the needs of the juvenile, including 24-hour supervision. This includes assessment, treatment, reassessment, and discharge planning with all involved parties.</li> <li>4. An initial treatment plan must be completed in accordance with AOC <u>Standard Terms &amp; Conditions</u> and pursuant to ADHS regulations.</li> <li>5. The treatment plan must address the juvenile's current level of functioning based on the current Psychological Evaluation and including any history of trauma related to the juvenile and their family in accordance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraphs 48 &amp; 49.</li> <li>6. Provide for the juvenile’s participation in educational services as required by the Arizona Department of Education (ADE) standards and participate in Individual Education Planning (IEP) as appropriate.</li> <li>7. Transportation must be provided, as necessary, to and from medical and dental examinations, and court.</li> <li>8. For agencies licensed by the Arizona Department of Health Services Division of Licensing (ADHS) as a Behavioral Health Inpatient Facility meeting the specific requirements of AAC R9-10, a progress report is due to the court five (5) days prior</li> </ol>



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	to the Court hearing and must meet the requirements of ARS § 8-341.01 (C).
<b>Service Frequency</b>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days per week for the duration of the juvenile’s placement</li> </ul>
<b>Service Duration</b>	<ul style="list-style-type: none"> <li>• Service duration is individualized and based on need of the juvenile and as authorized by the Service Authorization Form (SAF).</li> <li>• Placement is designed for a period of not more than ninety (90) days; In accordance ADHS licensing, ARS § 8-341.01 (C) the court requires a review hearing for placements in excess of sixty (60) days and requires written documentation identifying the reason(s) for continued service. An extension of the SAF may be required for additional lengths of stay.</li> <li>• Documentation of need for continued services must be disseminated in a written progress report to the referring probation department at least seven (7) days prior to expiration of service authorization, in accordance with Paragraph 61 (b) of the AOC <u>Standard Terms &amp; Conditions</u>. Extensions may be granted in sixty (60)-day allotments on separate SAFs.</li> </ul>
<b>Staffing</b>	<p><b>Contract requirements set forth in the AOC Standard Terms &amp; Conditions are applicable.</b></p> <ul style="list-style-type: none"> <li>• Refer to AOC <u>Standard Terms &amp; Conditions</u> Paragraph 35-37.</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>• Direct care staff to juveniles: 1 to 8</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days a week, awake overnight staff</li> </ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>• One unit equals any part of one residential day. After the first day, the juvenile must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment.</li> </ul>

**The following documentation and information must be submitted with the service specification:**

1. For Full Procurement identify facility name, address and ADHS license number from which services will be provided. If more than one facility, each facility must be identified separately in the table below.



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Facility Name	Facility Address	ADHS License Number
1.		
2.		
3.		
4.		

**Proposed Services & Rates:**

Behavioral Health Inpatient Facility – Unlocked/Locked: General Mental Health Population		
<b>Males only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Females only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Education:</b> <i>(check one in each category)</i>	<i>On-site school</i>	<i>Off-site school</i>
Public School		<input type="checkbox"/>
Online School	<input type="checkbox"/>	
Private Residential School	<input type="checkbox"/>	<input type="checkbox"/>
Charter school		<input type="checkbox"/>
<b>Detailed daily schedule attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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<b>Rate:</b>	
AOC does not wish to pay more than the stated rate(s) below:	
Unlocked (sc 102) <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked (sc 116) <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Health Inpatient Facility - Unlocked (sc 102)	\$ <u>375.00</u> /day
Other Proposed Service Rate: Behavioral Health Inpatient Facility - Unlocked (sc 102)	\$ _____ /day
Behavioral Health Inpatient Facility – Locked (sc 116)	\$ <u>400.00</u> /day
Other Proposed Service Rate: Behavioral Health Inpatient Facility – Locked (sc 116)	\$ _____ /day

**Other Agreement:**

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All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

**By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Behavioral Health Inpatient Facility General Mental Health Population service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

\_\_\_\_\_  
**Contractor Signature / Date**



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

**Contracted Services & Rates:**

Behavioral Health Inpatient Facility – Unlocked/Locked: General Mental Health Population		
<b>Males only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Females only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Education:</b> <i>(check one in each category)</i>	<i>On-site school</i>	<i>Off-site school</i>
Public School		<input type="checkbox"/>
Online School	<input type="checkbox"/>	
Private Residential School	<input type="checkbox"/>	<input type="checkbox"/>
Charter school		<input type="checkbox"/>
<b>Detailed daily schedule attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Rate:</b>		
Unlocked (sc 102) <input type="checkbox"/> Yes <input type="checkbox"/> No	Locked (sc 116) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral Health Inpatient Facility - Unlocked (sc 102)	\$_____ /day	
Behavioral Health Inpatient Facility – Locked (sc 116)	\$_____ /day	



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**Other Agreement:**

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**By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Behavioral Health Inpatient Facility: General Mental Health Population service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

\_\_\_\_\_  
**Contractor Signature / Date**

\_\_\_\_\_  
**AOC Signature / Date**