

**SERIAL 12037 ROQ HUMAN SERVICES DEPARTMENT COMMUNITY SUPPORT SERVICES
Contract – DIANE GENCO, DBA: AZ CENTER FOR CHANGE**

DATE OF LAST REVISION: July 28, 2016

CONTRACT END DATE: August 31, 2017

CONTRACT PERIOD THROUGH AUGUST 31, ~~2016~~ 2017

TO: All Departments
FROM: Office of Procurement Services
SUBJECT: Contract for **HUMAN SERVICES DEPARTMENT COMMUNITY SUPPORT SERVICES**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **August 21, 2013**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.



Kevin Tyne, Chief Procurement Officer
Office of Procurement Services

IG/at
Attach

Copy to: Office of Procurement Services
Jacqueline Edwards, Human Services



CONTRACT PURSUANT TO ROQ

SERIAL 12037-ROQ

1. Contract Effective Date

This Contract is entered into this 21st day of August, 2013 by and between Maricopa County ("County"), a political subdivision of the State of Arizona, and AZ Center for Change, an Arizona corporation ("Contractor") for the purchase of Community Support services.

2. Duration of Contract

- a. **Basic Term.** This Contract is for a term of three (3) years, beginning on the 21st day of August, 2013 and ending the 31st day of August, ~~2016~~ **2017**.
- b. **Extension of Term.** The County may, at its option and with the agreement of the Contractor, renew the term of this Contract for additional terms up to a maximum of three (3) years, (or at the County's sole discretion, extend the contract on a month-to-month bases for a maximum of six (6) months after expiration). The County shall notify the Contractor in writing of its intent to extend the Contract term at least thirty (30) calendar days prior to the expiration of the original contract term, or any additional term thereafter.
- c. **Non-renewal.** The Contractor shall provide written notice to the Contract Officer no later than sixty (60) days in advance of the expiration of the contract, of its intent to not renew a contract service or the contract. If the Contractor fails to comply with the provisions of this Paragraph, the Contract Officer may take whatever actions the officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.
- d. **Fee Adjustments.** Any request for fee adjustments must be submitted sixty (60) days prior to the current Contract annual anniversary date. Requests for adjustment in cost of labor and/or materials must be supported by appropriate documentation. If County agrees to the adjusted fee, County shall issue written approval of the change. The reasonableness of the request will be determined by comparing the request with the (Consumer Price Index) or by performing a market survey.

SECTION I – DEFINITIONS

3. Definitions

“**ADES/ACYF**” means Arizona Department of Economic Security/Administration of Children, Youth and Families.

“**ADHS/OBHL**” means Arizona Department of Health Services/Office of Behavioral Health Licensure.

“**AHCCCS**” means Arizona Health Care Cost Containment System.

“**A.R.S.**” means the Arizona Revised Statutes.

“**Acuity**” means the severity or intensity of a mental health disorder, personality disorder, behavior disorder, emotional condition or alcohol, drug or other substance abuse problem.

“**Assessment**” means the process of documenting, collecting, and analyzing information, as it relates to delinquency risk, family functioning, substance abuse, treatment and behavioral health history, in order to determine the strengths and needs of a client and his/her family.

“**BBHE**” means the Arizona Board of Behavioral Health Examiners.

“**Case Manager**” means the employee of Maricopa County responsible for managing client needs, including services related to mental and medical health, elderly care, or substance abuse treatment; basic life necessities such as nutrition and shelter; vocational and educational needs.

“**Client**” means an individual referred by Maricopa County and authorized to receive services under this Contract.

“**Client Records**” means records in whatever form that contains personal information about a client, including client identifying information, information on the services and treatment provided to the client.

“**Compensation Schedule**” means the rates, fees or other compensation terms set forth in Attachment A to the Contract Form or in a Contract Amendment or Change Order.

“**Contract**” means the agreement between Maricopa County and the Contractor as described in the Contract Form.

“**Contract Form**” means the Maricopa County form that the Contractor’s Authorized Representative and the Contract Officer sign agreeing to the terms of the Contract.

“**Contract Officer**” means the Maricopa County Chief Procurement Officer or that officer’s authorized designee.

“**Contractor**” means that person or entity which has entered into this Contract with Maricopa County.

“**Contractor’s Authorized Representative**” means that person whom the Contractor has authorized to sign the Contract Form and to legally bind and officially represent the Contractor to Maricopa County on all matters under this Contract.

“**Counseling**” means the therapeutic process based on interaction between a client, clients, or a client’s family and a clinician qualified under Maricopa County contract terms, intended to improve, eliminate, or manage one or more of a client’s behavioral health issues in an individual, group or family setting.

“**Criminogenic**” means those risk factors which include, but are not limited to criminal personality; antisocial peers, attitudes, values, beliefs; impulsivity; substance abuse and family dysfunction that are identified through research as correlating with offending behavior. Effectively addressing these dynamic factors should lead to decreased delinquency risk and offending behaviors.

“**Days**” means Maricopa County business days unless otherwise indicated.

“**Delinquency Prevention Program**” means any short-term education-based program, which may utilize a curriculum, and does not include the delivery of professional counseling services.

“**Delinquency Risk**” means the characteristics and/or variables, if present for a given client, make it more likely that the client rather than another will re-offend.

“**DPS**” means the Arizona Department of Public Safety.

“**Designated Authorities**” means those public entities which may be directly involved in the care and treatment of clients referred, such as Maricopa County personnel.

“**Direct Care Services**” means non-professional services that may include but are not limited to life skills education and training, recreation and social activities, milieu activities, guidance, and client supervision that are non-therapeutic in nature and provided by a person working directly with clients.

“**Direct Services**” means professional and direct care services that are therapeutic in nature and are provided to a client without continuous direct visual supervision.

“**Discharge Planning**” means the development of guided support for the client and family to follow recommendations as outlined in the treatment plan for sustainable change and includes identification of behavioral accomplishments that a client needs to exhibit in order to be discharged from the program or make a transition to the next level of care. Discharge planning can be demonstrated by use of the initial treatment/service plan and subsequent treatment/service plan reviews.

“**Due Diligence**” means the care that a reasonable person exercises under the circumstances to avoid harm to other persons or their property.

“**Emergency Safety Response**” means physically holding a client to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the client or another individual.

“**Exhibit A**” means that document attached to the Contract Form setting forth the Compensation Schedule.

“**Exhibit B**” means that document attached to the Contract Form setting forth the Scope of Services.

“**Facility-based Program**” means any program that is frequently and regularly held at a location in which the facility is integral to the program’s operation. The term includes, **but is not limited to** out-of-home programs, most day support programs, and may include other outpatient and delinquency prevention services programs.

“**Family**” means a biological, adopted, or self-created unit of people living together and/or with significant attachment that consists of adult(s) and children. Persons within this unit share bonds, culture, practices and significant relationships.

“**Group Home**” means a residential facility that is licensed to serve four (4) or more minors at any one time and that is licensed by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 4 or A.R.S. § 36-591, Subsection B., or by the Arizona Department of Economic Security, pursuant to A.R.S. Title 8, Chapter 5, Article 1 and that provides services pursuant to a contract or minors determined to be dependent as defined in A.R.S. § 8-201 or delinquent or incorrigible pursuant to A.R.S. § 8-341, or for minors with developmental disabilities, mental health or substance abuse needs. Group Home does not include hospitals, nursing homes, child crisis and domestic violence shelters, adult homes, foster homes, facilities subject to any transient occupancy tax or behavioral health service agencies that provide twenty-four (24) hour or continuous physician availability.

“**Non-facility-based services**” are services such as in-home, home-based or mobile services that are provided at locations such as home, school, detention or community locations other than the contractor’s business location.

“Incident” means an unusual or significant event involving client(s) and/or staff, which requires notification to the designated authorities.

“Incident Report” means a report that is verbal or written communication to the Referring Department case manager and the Maricopa County Program Administrator.

“Independent Practitioner” means a contractor who is a sole proprietor, a corporation, a limited liability company, or a partnership consisting of no more than two (2) persons, which does not use employees or non-employees to provide direct services.

“Informed Consent to Treat” means having documented agreement by the client (and for those clients under 18 years of age, the client’s guardian, parent, custodian or agent) before a client receives a specific treatment or a change in treatment, for which informed consent has not yet been obtained. The Informed Consent is obtained only after a client and, if applicable, the client’s parent, guardian, custodian or agent receives a verbal explanation of the specific treatment being proposed, the intended outcome, nature and procedures of the proposed treatment, the risks and side effects of the proposed treatment along with the risks of not proceeding with the proposed treatment, the alternatives to the proposed treatment and that informed consent is voluntary and may be withdrawn at any time.

“Intern” means an individual who is enrolled in an academic program of a college or university and who provides direct services related to the academic subject matter as part of the college’s academic program’s requirements.

“Key Personnel” means persons who provide professional services and/or has oversight responsibility of direct services, and/or who are identified in the Application.

“Medical Treatment” means professional medical intervention above and beyond first aid for the purpose of preventing further physical harm and/or health risk.

“Non-employee” means any person, provider or agency, other than bona fide employees of the Contractor, who, under an agreement with the Contractor, is providing or may provide direct services to clients under this Contract. The term includes, but is not limited to, subcontractors, contract employees and temporary staff employees.

“Out-of-Home Program” means a program in which a client resides consistently for 24 hours or longer in a licensed living facility.

“Personnel” means any principal or employee, whether temporary, full-time or part-time who is paid and who will provide direct services to clients referred to the Contractor under this Contract.

“Professional Consultation” means activities such as case staffing, expert testimony or other assistance as required and authorized by Maricopa County.

“Professional Services” means services as identified in Paragraph 34 provided by a person meeting the qualifications described in Paragraph 35 of these Standard Terms and Conditions.

“Program Administrator” means the specific County designee tasked with program assignments and receipt of specific notices from Contractor as defined in the contract.

“Provider Standards” means the requirements, standards and deliverables set forth in Sections II through XVI of these Standard Terms and Conditions.

“RBHA” means Regional Behavioral Health Authority that administers public behavioral health services throughout the State of Arizona.

“Records” means all data in whatever form, including electronic data, relating to this Contract. It includes but is not limited to books; documents; financial records; personnel records; documents supporting information provided in a Qualified Vendor Application or renewal, in an Application; and reports, plans, assessments, evaluations and any other data, whether or not the Contractor prepares it, pertaining to each client that the Contractor serves under this Contract.

“Resident” means any client placed in out-of-home case pursuant to a contract with a contracting authority.

“Restraint” means personal restraint, mechanical restraint or drug used as a restraint.

“Seclusion” means the involuntary confinement of a client in a room or area from which the client cannot leave, but does not include the confinement of a client in a correctional facility.

“Service Specifications” means service standards and performance requirements set forth in the Application.

“Services” means all services that the Contractor is to provide under this Contract.

“Special Terms and Conditions” means those terms and conditions set forth in the Contract Form, Exhibit B, and in any Contract Amendments or Change Orders.

“Standard Terms and Conditions” means the contract provisions and requirements set forth in this document.

“State” means the State of Arizona.

“Treatment/Service Plan” means a description of interventions to be delivered and measurable goals and objectives to be achieved by the client/family during a set time or by a specific target date.

“Treatment/Service Plan Review” means an activity organized by the contractor and including the client, the parent/guardian and the case manager that is held at intervals as indicated in the Standard Terms & Conditions.

“Volunteer” means an individual who provides a direct care services without compensation.

SECTION II - GENERAL PROVISIONS

4. Maintenance of Quality Service Delivery

- a. **Generally.** The Contractor shall provide services that comply at all times with the Contract and deliver them according to the Contract and within the bounds of applicable professional standards. Clients referred under the terms of this contract may not be permitted to violate state law while receiving services.
- b. **Warranty.** The Contractor warrants that the services it provides under the Contract shall at all times meet the requirements of the Contract, including the Service Specifications and the Standard Terms & Conditions.
- c. **Right to Reject.** The Contract Officer and/or the Program Administrator shall have the right to reject the Contractor's use of any person, whether the person is Contractor personnel, a subcontractor, volunteer and/or student intern, to provide services under this Contract where that officer reasonably determines that the person's background or conduct is unsuitable to provide the assigned services.
- d. **Facility Condition and Maintenance.** If the Contractor provides services to clients at its facility, the Contractor shall maintain the facility in good repair and keep it in a clean condition to assure the safety and comfort of clients. The Contractor shall prohibit smoking of any kind in or on the property of any facility where it provides services to clients. The Contractor shall not rely primarily on the work of clients to maintain and keep the facility clean.
- e. **Private Practice.** If the Contractor provides services separate and apart from this Contract, it shall do so in a manner which does not interfere with Contractor's performance of this Contract and which does not create a conflict of interest.
- f. **Related Litigation.** In the event that the Contractor, any of its personnel or subcontractors including volunteers and interns, are criminally charged, are named in litigation alleging professional misconduct, or are subject to a complaint or other matter before an administrative licensing entity, the Contractor shall immediately notify the Contract Officer and Program Administrator in writing. The notice shall state the date that the litigation or complaint was filed, or the administrative proceeding was initiated, the names of the parties, the case number, and the allegations involved. It shall also state whether, at the times alleged in the charge, litigation, complaint, or proceeding, the Contractor or the Contractor's personnel, volunteers, interns, or subcontractors were providing services to any client under this Contract, and whether the alleged misconduct involves those services.
- g. **Licenses.** The Contractor shall, at its expense, obtain and maintain for the duration of the Contract all licenses, certifications, credentials, permits, certificates and other authority required by law for the Contractor and its employees to do business, render services, and perform work under this Contract. The Contractor shall forward to the Program Administrator all copies of OBHL and DES licenses for out-of-home service under this Contract. This includes, but is not limited to, renewals, expirations and changes in status of license, i.e. provisional status. The Contractor shall ensure staff providing professional services under this Contract practice within the scope of his/her licensure or licensing body regulation. The Contractor shall notify Maricopa County immediately upon notice of an allegation of any health, safety and/or welfare licensing violation.
- h. **Timeliness.** The Contractor shall make all reasonable efforts to deliver the services under this Contract to the client in a timely manner and notify the Referring Department and Program Administrator, in writing, in the event service delivery cannot occur within ten (10) business days after Contractor acceptance of the service referral. Notification shall be maintained in the client file.

- i. **Responsibility for Performance.** The Contractor shall be responsible for overall contract performance, compliance and services provided by employees, subcontractors, volunteers and interns providing services under this Contract. The Contractor shall ensure at all times that the services provided, and the persons providing them, meet all of the requirements of the Contract.

- j. **Inspection of Services.**
 - i. The Contractor shall provide and maintain an inspection system acceptable to County covering the services under this Contract. Complete records of all inspection work performed by the Contractor shall be maintained and made available to County during contract performance and for as long afterwards as the Contract requires.
 - ii. County has the right to inspect and test all services called for by the Contract, to the extent practicable at all times and places during the term of the Contract. County shall perform inspections and tests in a manner that will not unduly delay the work.
 - iii. If any of the services do not conform to Contract requirements, County may require the Contractor to perform the services again in conformity with Contract requirements, at an increase in Contract amount. When the defects in services cannot be corrected by re-performance, County may:
 - a. Require the Contractor to take necessary action to ensure that future performance conforms to Contract requirements; and
 - b. Reduce the Contract price to reflect the reduced value of the services performed.
 - iv. If the Contractor fails to promptly perform the services again or to take the necessary action to ensure future performance in conformity with Contract requirements, County may:
 - a) By Contract or otherwise, perform the services and charge to the Contractor any cost incurred by County that is directly related to the performance of such service; or
 - b) Terminate the Contract for default.

- k. **Professional Conduct**

All contacts between Contractor and clients, subcontractors, team contractors and County staff shall be strictly professional, unless approved in writing by the Contract Officer. Any appearance of impropriety, which would include a violation of law, a personal or romantic relationship with clients, subcontractors, team contractors, and County staff, or any other conduct which would undermine the services being provided under this contract, shall immediately be reported to the Contract Officer and Program Administrator.

5. Use of Subcontractor(s)

- a. **Contractual Requirements.** Any agreement between the Contractor and a subcontractor who provides or may provide services under this Contract shall be in writing. The agreement shall explicitly set forth, or incorporate by reference, these Standard Terms and Conditions, relevant Special Terms and Conditions and the applicable Service Specifications, which shall apply with equal force to the subcontractor(s) as if it were the Contractor. The Contractor shall review the agreement and have the subcontractor(s) sign an initial agreement, and annually thereafter. The agreement shall prohibit the subcontractor(s) from further subcontracting any part of the service. The authority to review subcontracts is for the purpose of permitting verification of persons who are involved in performance of this Contract and who are treated by the Contractor as a subcontractor(s) are bound by the terms of this contract.

- b. **Warranty.** The Contractor warrants that the qualifications of, and the services provided by subcontractor(s), meet all the requirements of the Contract.
- c. **Noncompliance.** If the Contractor fails to comply with the provisions of this Paragraph, the Contract Officer may take whatever actions that the officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.
- d. **Approval:** Maricopa County shall approve the use of any subcontractors.

6. Notice Requirements

- a. **Notice to the Contract Officer.** The Contractor shall provide in writing the notices to the Contract Officer which this Contract requires and send them certified mail return receipt requested, to:

**Maricopa County Office of Procurement Services
Attn: Irma Guzman
301 West Lincoln
Phoenix, AZ 85003**

- b. **Notice to the Program Administrator.** The Contractor shall provide in writing the notices to the Program Administrator which this Contract requires and send them certified mail return receipt requested to:

**Maricopa County Human Services Department
Community Justice Support Services
Attn: Program Administrator
234 North Central Avenue, Third Floor
Phoenix, AZ 85004**

- c. **Notice to Contractor.**

Diane Genco MA, LPC
The AZ Center for Change
4205 N 7th Ave #311
Phoenix, AZ 85013

- d. **Notice to Schools.** The Contractor shall send written notice to a juvenile client's public or private school and seek that school's participation in planning for a transition from any Contractor-school program back to a public or private school program.
- e. **Notice of Intent to Add, Move, or Close a Facility or Program.** The Contractor shall provide written notice to the Contract Officer and Program Administrator no later than 60 days in advance of its intent to add, move, or close a facility or program at which it has been providing services to clients under this Contract. Failure to properly notify Maricopa County may result in the Contract Officer taking actions that the contract officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.
- f. **Notice of Change in Key Personnel.** The Contractor shall provide immediate written notice to the Program Administrator of any changes of key staff, as defined in these Standard Terms and Conditions, of a program/service under this Contract.
- g. **Notice of Intent to Modify a Program.** The Contractor may propose to modify the components of an existing service/program under this Contract. Program/service modification, may include but is not limited to, use of subcontractors, programmatic, and licensure. The Contractor shall provide a written request of modification to the Contract Officer for written approval **prior** to implementation. Failure to obtain Maricopa County approval may result in the Contract Officer taking actions that the Contract Officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.

7. Payment for Services, Allowances and Other Approved Expenses

- a. **Compensation Schedule.** Maricopa County shall pay the Contractor for the services specified in this Contract at the rate set forth in the Exhibit A. Maricopa County shall reimburse the Contractor for allowances and expenses:
- i. At rates that do not exceed those set forth in the Exhibit A;
 - ii. Which are *authorized* in by the Referring Department Case Manager via a Program Service Referral Form , or administratively authorized by the Program Administrator. Payment may be denied for services rendered before receipt of Program Service Referral Form and/or if no Program Service Referral Form documentation exists in the client file; and
 - iii. There will be no compensation paid for missed appointments for any contracted service authorized by Maricopa County, and/or inaccurately billed service codes. The Contractor shall not be entitled to compensation for those services and shall refund payments received in error. The Contract Officer may take further actions the officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions;
 - v. Within the context of the Contract, Contractors shall not arrange alternative agreements with the Referring Department for services under contract with Maricopa County and may be responsible to remit payment to Maricopa County for services rendered under such agreement. This includes but is not limited to authorizing services not on the Contract and inaccurately representing service codes; and
 - vi. Maricopa County does not guarantee referrals or a minimum/maximum volume of business for any service to any provider, unless otherwise described in the Special Terms and Conditions of the Contract.
- b. **Method of Payment.** The Contractor shall submit all invoices to the Maricopa County Referring Department, including requests for reimbursement of allowances and expenses. Invoices will reference client name, service code, dates of service, Case Manager Name, Referral Number and Purchase Order Number.
- i. Problems regarding billing or invoicing shall be directed to the County as listed on the Purchase Order.
 - ii. Payment shall be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Contract Award the Contractor shall complete the Vendor Registration Form located on the County Department of Finance Vendor Registration Web Site (www.maricopa.gov/finance/vendors).
 - iii. EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.
- c. **Charges to Client or Client's Parents/Guardians.** The Contractor shall not impose any fees or charges of any kind upon a client or the parents, guardians, or relatives of the client if the services are authorized by the referring Maricopa County Department.
- e. **Payments Collected for Services.** If the Contractor collects any payment for services, allowances, or expenses from any source, including third party payers, the Contractor shall specify the amount of the collection on the invoice. The Contractor shall report payments collected after payment of the invoice on a credit memo, and reimburse Maricopa County. Acceptance by the contractor of any payment by anyone other than Maricopa County shall be applied to the invoice for services rendered or billed. Maricopa County will seek recovery of

monies paid to the Contractor if the third party and Maricopa County have both compensated the Contractor for the authorized service.

- f. **Title XIX/XXI Screening and Enrollment.** If the Contractor also holds a contract with a RBHA or sub-contracts with a RBHA network provider, all clients served under this Contract must be screened for Title XIX/XXI eligibility. Once the client is found eligible for Title XIX/XXI services, the Contractor shall guide and provide the client necessary information to enroll into the public behavioral health system (RBHA). All efforts the Contractor has made on behalf of the client shall be documented in the client file. If it is determined that the client is actively enrolled in the public behavioral health system (RBHA), the Contractor shall bill the RBHA for the services the RBHA has authorized to deliver. In accordance to the Contractor's policies, the Contractor shall periodically verify the clients' RBHA enrollment status and notify the Referring Department of status changes.
- h. **Third Party Liability.** The Contractor is responsible for checking if a third party is liable for the cost of services before billing Maricopa County. These findings shall be documented in the client file. Upon determination that a client has third party coverage, as applicable, the Contractor shall bill the third party. The third party may include, but is not limited to, the RBHA, private health insurance and/or other third party payor. Under this Contract, the third party may be responsible for covering some or all the behavioral health services authorized by Maricopa County.

8. Change Orders and Contract Amendments

- a. **Change Orders.** The Contract Officer may, through a written change order, make unilateral changes within the scope of the Service Specifications or other terms and conditions of the Contract. The County reserves the right to add and/or delete products and/or services provided under this Contract. If a requirement is deleted, payment to the Contractor will be reduced proportionately to the amount of service reduced in accordance with the proposal price. If additional services and/or products are required from this Contract, prices for such additions will be negotiated between the Contractor and the County. If the Contractor disagrees with any change made under this Subparagraph, it may seek relief under the Disputes provision of this Contract, Paragraph 19 of these Standard Terms and Conditions.
- b. **Amendments.** All amendments to this Contract shall be in writing and signed by the Contract Officer and the Contractor's Authorized Representative. Maricopa County is under no obligation to pay the Contractor for work under the Contract that is not authorized by the Contract Officer.

9. Contractor's Authorized Representative

The Contractor's Authorized Representative shall be the sole person authorized to represent the Contractor with Maricopa County on matters, and to sign documents, including amendments and invoices, relating to this Contract. He or she may designate an appropriate person to sign invoices for the Contractor if he or she identifies that person in writing, other than on an invoice, to the Contract Officer. That representative shall be someone with the legal authority to bind the Contractor. The Contractor shall notify the Contract Officer in writing if it replaces the Contractor's Authorized Representative during the Contract. The notice shall be signed by a person with the authority to designate the Contractor's Authorized Representative, and provide at a minimum the name, title, address and telephone number of the new representative.

10. Right to Enter into Other Contracts

Maricopa County reserves the right to enter into other contracts for the types of services that the Contractor is providing under this Contract.

11. Remedies and Termination Rights

- a. **Convenience.** The County reserves the right to terminate the Contract, in whole or in part at any time, when in the best interests of the County without penalty or recourse. Upon receipt of the

written notice, the Contractor shall immediately stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to the County. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the County upon demand. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination.

- b. **Defective Performance.** The Contract Officer may terminate this Contract in whole or in part for any performance that does not comply with any term of this Contract, for any nonperformance or use of non-qualified personnel. The Contractor's failure to adhere to any service, procedural, administrative, legal requirement, in regards to this Contract shall be a basis for termination under this Subparagraph.

The Contract Officer, in the officer's sole discretion, may provide the Contractor with a written notice of intent to terminate and an opportunity to correct its performance, or may terminate the Contract immediately. The Contract Officer shall provide notice to the Contractor by whatever means is reasonable under the circumstances.

Maricopa County shall be entitled to deduct from any compensation owed the Contractor, or otherwise recover, amounts to which the Contractor is not entitled, as well as any additional expenses Maricopa County incurs, due to defective performance or nonperformance.

- i. Upon termination under this paragraph, all goods, materials, documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the County on demand.
 - ii. The County may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Contractor shall be liable to the County for any excess costs incurred by the County in procuring materials or services in substitution for those due from the Contractor.
 - iii. The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.
- c. **Voluntary Termination.** The Contractor may request, in writing, a voluntary termination of the Contract. The Contractor shall give a sixty (60) day notice prior to the requested date of termination. The Contract Officer shall have the sole discretion to determine if the voluntary termination is in the best interest of Maricopa County and shall provide written notice accepting termination. All provisions of Paragraph 12 shall apply to voluntary terminations.
- d. **Additional Remedies.** Maricopa County is entitled under this Contract to all remedies available in law or equity. In the event that the Contract Officer determines that the Contractor or any subcontractors has failed to comply with the Contract, the Contract Officer may take any appropriate action including:
- i. Withholding of compensation due the Contractor for services rendered;
 - ii. Suspension of the Contract in whole or in part;
 - iii. Suspension of referrals and/or removal of the clients in service;
 - iv. Recovery, through offset or otherwise, of compensation already paid, or of Maricopa County administrative costs;
 - v. Requiring the posting of a bond; and/or
 - vi. Terminating the Contract.

12. Obligations on Completion, Termination or Suspension

- a. **Transfer of Clients.** At the completion of the Contract, or if the Contract Officer terminates or suspends this Contract, or if the Contractor requests, in writing, termination of the Contract, the Contractor shall cooperate with the Program Administrator in transferring or otherwise reassigning any client to whom the Contractor is providing services. If the Contractor is providing out-of-home services, it shall continue to ensure the safety and welfare of the client until necessary transfer or reassignment has been completed. The Program Administrator shall promptly take all actions necessary to transfer or otherwise reassign any client to whom the Contractor was providing services for and can do so before or upon completion, termination or suspension of this Contract.
- b. **Records.** Records relating to the Contract shall remain the property of the Contractor, subject to the Contract's retention, confidentiality, and access requirements. The Contractor shall, at the Contract Officer's request, provide a copy of those records to Maricopa County or to any new provider of the services within the time specified in the request. Maricopa County shall pay for the reasonable cost of copying and transferring those records.
- c. **Compensation for Services.** Where the compensation under the Contract is fee for service, Maricopa County shall pay the Contractor for all authorized services performed to the date of completion, termination or suspension. Additionally, if it is necessary to remove and transfer clients from a facility that the Contractor operates and Maricopa County fails to do so by the completion, termination or suspension date, Maricopa County shall reimburse the Contractor for all costs reasonably incurred and documented in maintaining clients at the facility, from the date of completion, termination or suspension until the clients are removed.
- d. **Subsequent Audit.** If the Contract is completed, or the Contract Officer terminates or suspends it, or the Contractor requests, in writing, termination of the Contract, Maricopa County retains the right to inspect, monitor or audit the facilities and records of the Contractor and subcontractors, and to disallow compensation or recover compensation if warranted.

13. Assignment

No right, liability, obligation or duty under this Contract shall be assigned or delegated in whole or in part, without the prior written approval of the Contract Officer.

14. Retention of Records

- a. **Retention and Inspection.** The Contractor shall retain all records in locked storage, including electronic archives, as referenced in Paragraph 48 relating to this Contract for seven (7) years after the client's service termination date and shall dispose of the records in a manner that protects client confidentiality. During the retention period, Maricopa County, federal or state auditors and any other persons duly authorized by Maricopa County shall have full access to, and the right to inspect, copy and make use of, any and all records. The Contractor shall maintain a written policy that incorporates the requirements set forth in this Subparagraph, Subparagraphs b and c.
- b. **Contract Termination.** Upon termination of the Contract, voluntary or involuntary, the Contractor shall provide the Contract Officer with written notice specifying the location where the records will be stored, and the name and telephone number of the person responsible for maintaining them. The Contractor is responsible for complying with the requirements of this Paragraph and Paragraph 20 even if it closes or sells its business.
- c. **Electronic Information and Record Management.** The Contractor shall ensure all electronic client records/information are stored on a protected network/drive. All mobile devices (laptops or PDAs) or electronic storage media (data sticks, tapes, disks, CD ROMs) may be used for temporary storage if they are encrypted. When electronic storage is utilized, the Contractor shall ensure devices or media contain the following features: boot passwords and automatic log-off,

physical security of the device or media to prevent unauthorized access, tampering, loss or theft and current patch management, firewall and virus protection software.

- d. **Psychological Testing.** As part of the records retained under Subparagraph a, the Contractor shall retain psychological testing raw data on all clients served under this contract. The data shall be readily retrievable by the psychologist when requested by Maricopa County, federal or state auditors and any other persons duly authorized by Maricopa County to have full access to, including the right to inspect, copy and make use of, any and all records.
- e. **Adequacy of Records.** The Contractor shall maintain records in accordance with their licensing requirements and this contract that adequately and sufficiently provide evidence/support to document that services were provided as authorized by the Referring Department. If the Contractor's records are insufficient to support and document that authorized services were provided to clients, the Contractor shall reimburse Maricopa County for those services and other costs not adequately supported and documented.
- f. **Record Transfer.** The Contractor shall ensure a plan is developed for the transfer of records. The record transfer plan will be enacted upon an unanticipated event, such as cessation of business activity by the Contractor. In such an event, the records of clients served under this Contract shall become property of Maricopa County. Maricopa County reserves the right to immediately retrieve records.

15. Program Administration

- a. **General Rights.** The administration of services includes contract administration and contract compliance, including monitoring activities. Maricopa County or any other legally authorized department of Maricopa County, state or federal government may, at any time during the hours of operation with or without notice to the Contractor or to subcontractors:
 - i. Visit or inspect the facilities of the Contractor, or of subcontractors;
 - ii. Observe the services provided;
 - iii. Interview clients, parents, guardians, personnel, volunteers, interns or subcontractors in privacy; and
 - iv. Inspect and copy records relating to the Contract, including but not limited to personnel files, client files, billing documentation, policies and procedures.
- b. **Monitoring.** The Program Administrator, using the activities authorized in this Paragraph, may monitor the services delivered and the facilities and records maintained by the Contractor or any subcontractors under this Contract. Monitoring activities may include but are not limited to, on-site visits, case file reviews, administrative reviews, phone interviews and requests for written plans of correction.
- c. **Visitation with Clients.** The Contractor shall allow the Program Administrator, the client's case manager, or other representative of Maricopa County, to visit with the client at any reasonable time during the Contractor's hours of operation under this Contract. The Program Administrator, the case manager or other representative, in their sole discretion, may direct that the visitation be outside the presence of any personnel of the Contractor or subcontractors. If the Program Administrator, the case manager or other representative so directs, the Contractor shall provide a location for the visitation which assures that the Program Administrator, case manager or other representative may conduct it in complete privacy.
- d. **Transfer of Clients.** The Program Administrator may direct the Contractor at any time during the Contract to transfer a client to whom the Contractor is providing services. If the Contractor is required to transfer any client, it shall comply with the requirements of Paragraph 12-a. and b. of these Standard Terms and Conditions. The Contractor shall be paid for the services provided to that client according to Paragraph 12-c. of these Standard Terms and Conditions.

- e. **Failure to Comply.** The failure of the Contractor, its personnel, volunteers, interns or any subcontractors to cooperate with the activities described in this Paragraph may result in the Contract Officer taking actions that the officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.

16. Fiscal, Management, and Administrative Requirements

- a. **Changes in Legal Status.** The Contractor shall give the Contract Officer written notice in advance of any change in its legal or financial status, such as a merger or consolidation with another entity, a change in name, bankruptcy, or any action concerning that status pending before the Arizona Corporation Commission or the Arizona Secretary of State. The Contract Officer, in the officer's sole discretion, may require the Contractor to file a new or revised Prequalification Form where the Contractor's legal status has, or may, change.
- b. **Notice of Intent of Acquisition or Merge.** The Contractor shall provide written notification of any pending acquisition or merger of his/her company within 90- days upon discovery. Failure of the Contractor to provide this information may eliminate Maricopa County Qualified Vendor Status.
- d. **Additional Fiscal Requirements.** If the Contractor provides services under this Contract which are paid for in whole or in part with Federal Government funds, the Contractor shall adhere to, and document, accounting policies and procedures, including those which address cost allocation and allowable expenses, which comply with all applicable federal laws, regulations, and Office of Management and Budget circulars.

17. Indemnification

Contractor shall indemnify, defend, save and hold harmless Maricopa County, its departments, agencies, boards, commissions and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the Maricopa County, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for Maricopa County.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of the County.

Insurance

Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of A-, VII or higher. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor and subcontractors, their agents, representatives, and employees.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The County in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

- a. **Insurance Required.** Before commencing services under the Contract, the Contractor shall furnish the Contract Officer a certificate from the Contractor's insurer. The insurer shall be authorized to transact business in Arizona and hold a Certificate of Authority issued from the Arizona Department of Insurance. The certificate shall demonstrate insurance coverage in the minimum amounts and under the terms stated in Subparagraphs b and c.
 - i. County reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance certificates. County shall not be obligated to review policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.
- b. **Coverage.** The Contractor shall maintain the coverage specified in this Subparagraph in full force and effect during the term of the Contract. The coverage specified in this Subparagraph shall not limit the liability or other obligations of the Contractor. The Contractor shall require all subcontractors to maintain the same coverage specified in this Subparagraph, or shall provide such coverage for subcontractors. The Contract Officer reserves the right to waive or adjust insurance requirements in unique situations.
 - i. **Commercial General Liability**

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

 - General Aggregate
\$2,000,000
 - Each Occurrence
\$1,000,000
 - A. The policy must be endorsed to include **coverage for sexual abuse and molestation* with a minimum limit of \$1,000,000.**

*Sexual Abuse and Molestation coverage may be included in either Commercial General Liability and/or Professional Liability.
 - B. The policy must be endorsed to include the following additional insured language: *"Maricopa County and its departments, boards, commissions, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor."*
 - C. Policy shall contain a waiver of subrogation against the Maricopa County, its departments, agencies, boards, commissions, and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

ii. **Worker’s Compensation and Employer Liability**

Coverage is required if applicant has paid employees that provide services on the contract. This requirement shall not apply to: **Separately, EACH contractor or subcontractor exempt under A.R.S. § 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.**

- Each Accident \$500,000
- Policy Limit \$1,000,000
- Disease (each employee) \$100,000
- Disease Policy Limit \$500,000

A. Contractor waives all rights against County and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers’ Compensation and Employer’s Liability or commercial umbrella liability insurance obtained by Contractor pursuant to this Contract.

iii. **Automobile Liability**

Bodily injury and Property Damage for any owned, hired, and/or non- owned vehicles used during the performance of this Contract.

- Combined Single Limit (CSL) \$1,000,000

A. The policy must be endorsed to include the following additional insureds language: ***“Maricopa County, its departments, agencies, boards, commissions, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.”***

B. Policy shall contain a waiver of subrogation against Maricopa County, its departments, agencies, boards, commissions, and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

iv. **Professional Liability (Errors and Omissions Liability)**

- Each Claim \$1,000,000
- Annual Aggregate \$2,000,000

A. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the service specification(s) of this contract.

B. The policy must be endorsed to **include coverage for sexual abuse and molestation* with a minimum limit of \$1,000,000.**

*Sexual Abuse and Molestation coverage may be included in either Commercial General Liability and/or Professional Liability.

C. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

INSURANCE	MINIMUM AMOUNTS		ADDITIONAL INSURED REQUIRED	SEXUAL ABUSE/ MOLESTATION REQUIRED (\$1,000,000)
Commercial General Liability	Each Occurrence	\$1,000,000	✓	✓ (Required in either CGL or PROF)
	Aggregate	\$2,000,000		
Automobile Liability	Combined Single Limit	\$1,000,000	✓	
Worker's Compensation and Employer's Liability	Each Accident	\$500,000		
	Policy Limit	\$1,000,000		
Professional Liability	Each Claim	\$1,000,000		✓
	Annual Limit	\$2,000,000		(Required in either CGL or PROF)

- c. **Additional Insured Requirements:** The Commercial General and Automobile policies shall include, or be endorsed to include, the following provisions:
 - i. The certificate of insurance for Commercial General Liability must be endorsed to include the following additional insured language: **“Maricopa County and its departments, boards, commissions, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.”**
 - ii. The certificate of insurance for Automobile Liability must be endorsed to include the following additional insured language: **“Maricopa County and its departments, boards, commissions, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor.”**
 - iii. The Contractor’s insurance coverage shall be primary insurance with respect to all other available sources.
 - iv. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.
- d. **Cancellation Notice.** The certificate of insurance shall indicate, and all policies shall provide, that the policies shall not be suspended, voided, canceled, expire, or materially change to affect the coverage available to Maricopa County without sixty (60) days prior written notice to the Contract Officer.
- e. **Noncompliance.** In the event that the insurer cancels any of the coverages specified in this Paragraph for any reason, the Contractor shall obtain replacement coverage acceptable to the Contract Officer within five (5) days. Failure to comply with this requirement shall be grounds for terminating the Contract. Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County’s right to coverage afforded under the insurance policies.
- f. **Payment.** If services are delivered when all insurance requirements are not in effect, set forth in Paragraph 18, Sections a, b, and c, Maricopa County may recoup or deny payment to the contractor.
- g. The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage

provided to County under such policies. Contactor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

18. ALTERNATIVE DISPUTE RESOLUTION:

- i. After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:
 - ii. Render a decision;
 - iii. Notify the parties that the exhibits are available for retrieval; and
 - iv. Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).
- v. Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.
- vi. Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

19. Confidentiality of Client Information

- a. **Compliance.** The Contractor, its personnel, volunteers, interns and subcontractors unless otherwise exempt, shall adhere to all federal, state and local laws regarding confidentiality including, but not limited to the Health Insurance Portability and Accountability Act (HIPAA) Pub. L. No. 1-4-191 (1996) and regulations promulgated there under.
- b. **Prohibition.** The Contractor, its personnel subcontractors, volunteers and interns shall not divulge or release information received from Maricopa County about any client to anyone without a court order, except to the referring Maricopa County Department, or anyone authorized by the Contract Officer to receive it. Violation of this Paragraph or applicable law shall constitute grounds to terminate this Contract.
- c. **Release Authorization.** Release of records containing client information requires a signed authorization/release form executed in accordance with current state licensing and federal standards. All release authorization forms shall be maintained by the Contractor and indicate the person or agency to receive the information, the specific information to be released, and the expiration date or event that will trigger the expiration date of the release, and shall be signed by the client and the client's parent, guardian, or designated representative. Release forms shall meet all federal and state requirements, as applicable and including, but not limited to, 42 CFR Part 2 and 45 CFR 164.508. Unless the entity is otherwise exempt, disclosures must be accounted for under 45 CFR 164.528.

- d. **Record Dissemination.** Except for the persons identified in Subparagraph b, the Contractor shall refer persons requesting records of written documentation contain client information relating to this Contract to the referring Maricopa County Department. The Contractor shall maintain release authorization forms to track the dissemination of information in each client's record, except for the release of record to the referring Maricopa County Department. The process for dissemination of record is listed below and varies by record type.
- i. Referral records are defined as records obtained through the referring Maricopa County Department and shall be considered court. Contractor shall refer persons requesting client court records to the referring Maricopa County Department.
 - ii. Internal records are defined as records originated by the Contractor in the delivery of service under this Contract and are only authorized for release to a third party through the release authorization as defined in Subparagraph c. Referral records obtained are not considered internal records and are only authorized for release as defined in this Subparagraph.
 - iii. Third party records are defined as records obtained by the Contractor from a third party through a release authorization and are authorized for release as defined in this Subparagraph c.
- e. **Request for Record.** The Contractor shall request record(s) from a third party with a release authorization as defined in Subparagraph c. Any request for client records, as defined in Subparagraph d-i, shall be referred to the referring Maricopa County Department.
- f. **Procedures and Controls.** The Contractor shall have written policies and procedures, and maintain controls, acceptable to the Contract Officer which comply with Paragraphs 14 and 20 of these Standard Terms and Conditions, rules, policies and any applicable statutes. The Contractor shall conduct and document an annual review of all written policies and changes incorporated therein because of responses to monitoring reports, quality assurance checks and/or performance improvement plans. At a minimum, they shall address the compilation, locked storage, dissemination, retention and disposal of client records, information, and Incident Reports. Except as authorized by the Contract, the policies, procedures, and controls shall assure that no information contained in the Contractor's records or obtained from designated authorities or others is used or disclosed by the Contractor's agents, officers, or personnel; its volunteers or interns; or by subcontractors.
- g. **Research Data.** Notwithstanding any other provision of this Paragraph, the Contractor shall not provide to anyone other than the referring Maricopa County Department any information, including information about clients in whatever form, for research purposes without the prior written approval of the Contract Officer. The Contractor shall refer any requests for such information to the Contract Officer and such requests shall be in writing. Approval shall be within the discretion of the Contract Officer.
- h. **Subpoenas.** If the Contractor receives a subpoena requesting records relating to this Contract, the Contractor, before complying with the subpoena, shall immediately notify the Contract Officer, and supply that officer with a copy of the subpoena.

20. Non-Discrimination in Service Delivery

The Contractor shall not deny services to or otherwise discriminate in the delivery of services against any client on the basis of race, color, religion, gender, national origin, age, disability, or sexual orientation. For purposes of this Paragraph, gender discrimination includes sexual harassment.

21. Non-Discrimination in Employment

The Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, gender, national origin, age, disability, or sexual orientation. The Contractor shall comply with all applicable federal, state and local laws, regulations and rules, and executive and

administrative orders regarding employment discrimination. For purposes of this Paragraph, gender discrimination includes sexual harassment.

22. Cancellation Due to Conflict of Interest

Notice is given that pursuant to A.R.S. §38-511 the County may cancel this Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S §38-511 the County may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the Contract.

23. Effect of Contradictory Provisions

To the extent that Attachment A, the Service Specifications, or any amendments or change orders to the Contract conflict with these Standard Terms and Conditions, the Attachment A, the Attachment B or any amendments or change orders shall control the interpretation of the Contract.

24. General Provisions

- a. **Applicable Law.** The laws and rules of the State shall govern the rights of the parties, the performance of this Contract and any disputes under it. Any action relating to this Contract shall be brought in an Arizona Superior Court. Any changes in the applicable laws and rules during the term of this Contract shall apply without amendment of this Contract.
- b. **Unenforceability of Provisions.** If any provision of this Contract is held invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable to the full extent permitted by law.
- c. **Insurance.** The Contractor shall comply with all laws regarding unemployment insurance, disability insurance, and workers' compensation.
- d. **Independent Contractor Status.** The Contractor is an independent contractor in the performance of work and the provision of services under this Contract, and is not to be considered an officer, employee, or agent of Maricopa County.
- e. **Non-waiver.** The Program Administrator's acceptance of performance that does not strictly comply with a requirement of this Contract shall not constitute a waiver of the right to enforce strict compliance of the requirement in the future.
- f. **INFLUENCE**

As prescribed in MC1-1202 of the Maricopa County Procurement Code, any effort to influence an employee or agent to breach the Maricopa County Ethical Code of Conduct or any ethical conduct, may be grounds for Disbarment or Suspension under MC1-902.

An attempt to influence includes, but is not limited to:

- i. A Person offering or providing a gratuity, gift, tip, present, donation, money, entertainment or educational passes or tickets, or any type valuable contribution or subsidy,
- ii. That is offered or given with the intent to influence a decision, obtain a contract, garner favorable treatment, or gain favorable consideration of any kind.

If a Person attempts to influence any employee or agent of Maricopa County, the Chief Procurement Officer, or his designee, reserves the right to seek any remedy provided by the

Maricopa County Procurement Code, any remedy in equity or in the law, or any remedy provided by this contract.

g. VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §41-4401 AND FEDERAL IMMIGRATION LAWS AND REGULATIONS:

- i. By entering into the Contract, the Contractor warrants compliance with the Immigration and Nationality Act (INA using e-verify) and all other federal immigration laws and regulations related to the immigration status of its employees and A.R.S. §23-214(A). The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the Immigration Reform and Control Act of 1986, as amended from time to time, for all employees performing work under the Contract and verify employee compliance using the E-verify system and shall keep a record of the verification for the duration of the employee's employment or at least three years, whichever is longer. I-9 forms are available for download at USCIS.GOV.
- ii. The County retains the legal right to inspect contractor and subcontractor employee documents performing work under this Contract to verify compliance with paragraph 25, sub g of this Section. Contractor and subcontractor shall be given reasonable notice of the County's intent to inspect and shall make the documents available at the time and date specified. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County will consider this a material breach of the contract and may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

h. VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §§35-391.06 AND 35-393.06 BUSINESS RELATIONS WITH SUDAN AND IRAN:

- i. By entering into the Contract, the Contractor certifies it does not have scrutinized business operations in Sudan or Iran. The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract.
- ii. The County may request verification of compliance for any contractor or subcontractor performing work under the Contract. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

i. AVAILABILITY OF FUNDS

The provisions of this Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The County shall be the sole judge and authority in determining the availability of funds under this Contract. County shall keep the Contractor fully informed as to the availability of funds.

If any action is taken by any state agency, Federal department or any other agency or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract, County may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such

services are performed in accordance with the provisions of this Contract. County shall give written notice of the effective date of any suspension, amendment, or termination under this Section, at least ten (10) days in advance.

j. REQUIREMENTS CONTRACT:

- i. Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.
- ii. County reserves the right to cancel purchase orders or notice to proceed within a reasonable period of time after issuance. Should a purchase order or notice to proceed be canceled, the County agrees to reimburse the Contractor for actual and documented costs incurred by the Contractor. The County will not reimburse the Contractor for any avoidable costs incurred after receipt of cancellation, or for lost profits, or shipment of product or performance of services prior to issuance of a purchase order or notice to proceed.
- iii. Purchase orders will be cancelled in writing.

k. AUDIT DISALLOWANCES:

If at any time, County determines that a cost for which payment has been made is a disallowed cost, such as overpayment, County shall notify the Contractor in writing of the disallowance. County shall also state the means of correction, which may be but shall not be limited to adjustment of any future claim submitted by the Contractor by the amount of the disallowance, or to require repayment of the disallowed amount by the Contractor.

l. RIGHTS IN DATA:

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

m. INTEGRATION:

This Contract represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

n. CONTRACTOR LICENSE REQUIREMENT:

The Contractor shall procure all permits, insurance, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his/her business, and as necessary complete any required certification requirements, required by any and all governmental or non-governmental entities as mandated to maintain compliance with and in good standing for all permits and/or licenses. The Contractor shall keep fully informed of existing and future trade or industry requirements, Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same. Contractor shall immediately notify both Office of Procurement Services and the using agency of any and all changes concerning permits, insurance or licenses.

Contractors furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Contractor is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Contractors are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1525 to ascertain licensing requirements for a particular contract.

Contractors shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

Contractors warrant and represent that within the last five (5) years no regulating agency has restricted the agency's license or scope of practice for any matter related to the Scope of Services. If at any time during the course of the Contract, a restriction occurs or an investigation is commenced, the Contract Officer and the Program Administrator shall be notified in writing within three (3) business days of such action.

o. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

- i. The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:
 - a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
 - b. have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
 - d. have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.
- ii. Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contract.
- iii. The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

p. Statewide Purchasing

Any Arizona court or any political subdivision on behalf of a court or Maricopa County may procure material or services described in this Contract for use by Arizona courts judicial branch units, or Maricopa County. Where so authorized, Contractor agrees to provide such materials or services to other courts or Maricopa County at the Contract prices and under the Contract terms. Any attempt to represent any material and/or service as being under contract with the Court which is not a subject of or addition to this Contract is a violation of the Contract and the Judicial Branch Procurement Rules. Any such action is subject to the legal and contractual remedies available to the Court or Maricopa County inclusive of, but not limited to, Contract cancellation, suspension and/or debarment of the Contractor.

25. Fingerprinting

- a. **Fingerprinting Requirements.** Contractor's personnel which includes employees, subcontractors, volunteers, and interns who provide or may provide direct services to clients under this contract shall prior to performing services under this contract:

- i. Be fingerprinted as required by this Subparagraph. Contractor shall ensure **within seven (7) working days of employment**, as a condition of employment, personnel who are employed by any contract provider, whether paid or not, and who are required or allowed to provide services directly to clients shall have a valid fingerprint clearance card issued or shall apply for a fingerprint clearance card; and
- b. **Fingerprinting Process.** In order to comply with the fingerprinting requirement, the Contractor shall perform the following **within seven (7) working days of employment** for all personnel:
 - i. **If personnel have a fingerprint clearance card the following must occur:**

Prior to being allowed to perform services under this contract, the Contractor shall obtain personnel's fingerprint clearance card and contact the Department of Public Safety (DPS) to verify the validity of the fingerprint clearance card. This verification process must be documented in the personnel file and a copy of the fingerprint clearance card must be maintained in the personnel file.
 - ii. **If personnel do not have a fingerprint clearance card the following must occur:**
 - A. Within seven (7) working days of employment, personnel must complete **AND** submit a fingerprint clearance application to DPS. A copy of the application, including the fingerprint ink card must be maintained in the personnel file. Once the person receives the fingerprint clearance card, a copy of the card must be maintained in the personnel file.
 - B. The Contractor shall contact DPS to check on the status of pending fingerprint clearance card applications as outlined in subsection c of this paragraph. All status checks must be documented in the personnel file.
- c. **Status Checks.** The Contractor must check the status of the application with DPS for a fingerprint clearance card at 30 days after submission and every 7 days thereafter until the employee presents either a valid fingerprint clearance card, a denial from the DPS, or is advised by DPS that the application has been completed. If the information from DPS indicates the application has been completed, the employee must immediately present a fingerprint clearance card or be suspended from performing services under this contract until the clearance card is presented.
- d. **Record Keeping.** The contractor shall maintain a copy of the record of fingerprinting in a file described in Paragraphs 40 and 41 of these standard terms and conditions. The Contractor shall make the file available for inspection on request. The original fingerprint clearance card is the personal property of the individual whose name appears on the card.
- e. **Certification.** By signing the contract, the contractor certifies that its personnel, subcontractors, volunteers, and interns meet the requirements of this Paragraph as of the date of contract signing.
- f. **Failure to comply.** If the Contractor, any of its personnel, or any volunteers, interns, or other subcontractors fails to disclose or falsifies information to be disclosed in this Paragraph, or otherwise fails to comply with the requirements of this Paragraph, the Contract Officer shall direct the Contractor to take action immediately to comply with this Paragraph and any other actions that are appropriate under the circumstances. If the Contractor fails to take all appropriate actions as directed, the Contract Officer shall terminate the contract.

26. Group Homes

- a. In addition to all other terms and conditions of the contract, Maricopa County shall require for each Group Home contract awarded, renewed or amended the following minimum provisions:

- i. The Group Home shall provide a safe, clean and humane environment for the residents.
 - ii. The Group Home is responsible for the supervision of the residents while they are in the group home environment or while residents are engaged in any off-site activities organized or sponsored by and under the direct supervision and control of the group home or any organization affiliated with the group home.
 - iii. All Group Home contractors shall be licensed by either the Department of Health Services or the Department of Economic Security.
 - iv. The award of a contract is not a guarantee that children will be placed in the group home.
 - v. A license violation by the group home that is not corrected pursuant to this section may also be considered a contract violation.
 - vi. Maricopa County, State agencies and regional behavioral health authorities may share information regarding group home contractors. The shared information shall not include information that personally identifies residents of group homes.
 - vii. The following contract remedies:
 - A. Maricopa County reserves the right to remove residents from the Group Home or suspend new placements to the Group Home until the contracting violation is corrected.
 - B. The right of Maricopa County to cancel the Contract.
 - viii. Within ten (10) business days after Maricopa County receives a complaint relating to a Group Home Maricopa County shall notify the Group Home provider and either initiate an investigation or refer the investigation to the licensing authority. If any complaint concerns an immediate threat to the health and safety of a child, the complaint shall be immediately referred to the licensing authority. If Maricopa County determines that a violation has occurred, it shall:
 - A. Notify all other contracting authorities of the violation;
 - B. Coordinate a corrective action plan consistent with the severity of the violation; and
 - C. Require the corrective action plan to be implemented within ninety (90) days.
 - ix. If a licensing deficiency is not corrected in a timely manner to the satisfaction of the licensing authority, Contract Officer may cancel the contract immediately on notice to the group home and may remove the residents.
- b. When a licensing authority has determined that a license violation has occurred or is occurring, the Contractor shall notify Contract Officer and Program Administrator within fourteen (14) calendar days upon notice of a licensing violation. If an emergency license suspension occurs, written notification to Contract Officer and Program Administrator is required within twenty-four (24) hours.
- c. A group-home's record of contract violations and licensing violations may be considered by any contracting authority when it evaluates any requests for proposals.

SECTION III - CLIENT RIGHTS

27. Client Rights

Posting and Documentation. The Contractor shall post a list of client rights in a conspicuous area accessible to all clients pursuant to A.R.S. § 36-504-A in both English and Spanish. The contractor shall document the client's receipt of his/her client rights in the client file. At a minimum, the Contractor shall have a written acknowledgement signed by the client that:

- a. Confirms receipt of a copy of the Client Rights by the client
- b. Indicates that a verbal explanation was provided by the Contractor
- c. Indicates the clients understanding of the Client Rights and Responsibilities.

Rights. At the time of admission to service, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent shall be provided with a written list and a verbal explanation of the following rights;

- a. To be treated with dignity, respect and consideration;
- b. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
- c. To be informed of and consent to the proposed treatment/services including the intended outcome, the nature of the proposed treatment/services, any procedures involved in the proposed treatment/services, risk or side effects of the proposed treatment/services and any alternatives to the proposed treatment/services
- d. To receive treatment that;
 - i. Supports and respects the client's individuality, choices, strengths and abilities.
 - ii. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order or by the client's consent.
 - iii. Is provided in the least restrictive environment that meets the client's treatment needs.
 - iv. Incorporates the family members, guardian, and/or other support persons, as appropriate.
- e. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
- f. To have grievances considered by a contractor in a fair, timely and impartial manner;
- g. To seek, speak to, and be assisted by a legal counsel of the client's choice at the client's expense;
- h. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
- i. To have the client's information and records be confidential and released only as permitted by state or federal law, court order or as authorized in writing by the client's legal guardian;
- j. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent except:
 - i. For photographing for identification and administrative purpose as provided by A.R.S. Title 36-507 (2).
 - ii. For video recordings used for security purposes that are maintained only on a temporary basis.

- k. To review, upon written request by the client's legal guardian, the client's record during normal agency business hours or at a time agreed upon between the client's legal guardian and the contractor;
- l. A general consent form for services shall be signed by the parent/guardian and is advisable in addition to the treatment. This form would be obtained prior to the provision of services;
- m. An Informed Consent Form, as outlined in the definitions of these Terms and Conditions, which is signed by the client and the client's parent, guardian, or designated representative as appropriate and contains documentation that a verbal explanation has been provided to the client. Informed consent can be accomplished by providing a verbal explanation of the client's condition and proposed treatment/services including the intended outcome, the nature of the proposed treatment/services, any procedures involved in the proposed treatment/services, risk or side effects of the proposed treatment/services and any alternatives to the proposed treatment/services.

This requirement is not applicable to delinquency prevention programs, unless the program is graphic in nature;
- n. To be free from abuse, neglect, exploitation, coercion, and manipulation;
- o. To have the client's parent, guardian, custodian, or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment/service plan;
- p. To participate or refuse to participate in religious activities; and
- q. To refuse to acknowledge gratitude to the contractor through written statements, other media, or speaking engagements at public gatherings.

Telephone Numbers. The Contractor shall post, in a waiting or public access area and at the telephone available for client use, the local telephone number or hotline number of the Arizona Department of Economic Services, Office of Child Protective Services, and local emergency numbers.

28. Privacy

- a. **Space.** For out-of-home programs, the Contractor's space and furnishings shall be arranged to enable the Contractor to provide supervision while respecting the client's right to privacy.
- b. **Communication.** For out-of-home programs, the Contractor shall allow the client private and uncensored communication and visits with family members or other visitors when such visits do not interfere with treatment activities or are not contraindicated by the client's treatment plan.
 - i. Restriction of communication or visits required for therapeutic reasons shall be determined with the client, the client's parents, the family, the therapist or counselor, and the designated representative or guardian and be documented in the client's record.
 - ii. The Contractor shall make telephones accessible, ensure that correspondence can be received and mailed, and make space available for visits.
- c. **Scheduling.** If a Contractor providing services under an out-of-home program restricts the times and places for visits and the use of telephones, it shall do so in writing and post the restrictions in a conspicuous place.
- d. **Photographs.** The Contractor shall not use photographs of a client without a dated and signed written consent form from the client, and the client's parent or guardian (if a minor). The Contractor shall state on the form the specific reasons for using the photograph and the manner in which the Contractor intends to use it. The Contractor shall place the form in the client's record.

29. Work for Clients

- a. **Compensation.** Clients may engage in labor if the labor is compensated in accordance with the Fair Labor Standards Act, 29 U.S.C. § 206 or the state minimum wage law, whichever is more stringent.
- b. **Chores.** Clients may participate in routine household activities designed to enhance or develop independent-living-skills functioning in accordance with an established program or the client's treatment/service plan. At no time shall routine household activities and maintenance endanger the health, safety and welfare of the clients. Contractor shall take all appropriate measures to ensure client health and safety during these activities and provide adequate supervision.

30. Clothing

The Contractor shall allow clients to wear their own clothing unless contraindicated by a client's treatment/service plan or the Contractor's written policy. All clothing and footwear provided by the Contractor must fit appropriately and be in satisfactory condition. The Contractor may establish dress codes.

SECTION IV - GENERAL CONTRACTOR REQUIREMENTS

31. **General Requirements**

- a. **Qualified Staff.** The Contractor shall be staffed to meet the acuity of the client with qualified personnel to provide the quantity and type of services set forth in the Contractor's Application. The Contractor's personnel qualifications shall meet the requirements of this Contract and be commensurate with the level of care required by clients and the client admission and discharge criteria of the Contractor.
- b. **CPR.** There shall be a minimum of one (1) person with current certification in first aid training and one (1) person with current cardiopulmonary resuscitation certification from a program approved by the American Heart Association, the American Red Cross or the OBHL of the Arizona Department of Health Services on the premises at all times when the Contractor is open and clients are present, or when the Contractor is providing general transportation or for staff-supervised group outings. One person may meet both certification requirements. This requirement does not apply to staff providing in-home services, mentoring services outside of a facility or big brother/big sister programs.
- c. **Operating Policy.** The Contractor shall have written policies that implement the Terms and Conditions of the Contract; including, but not limited to, incident reporting, participation by case managers in treatment/service planning, staffing and discharge planning, client file documentation and storage and dissemination of client records.
- d. **Annual Policy Review.** The Contractor shall conduct and document an annual review of all written policies and changes incorporated therein as a result of responses to monitoring reports, quality assurance checks and/or performance improvement plans.

32. **Personnel Policies and Organization Chart**

- a. **Personnel Policies.** The Contractor shall establish written policies describing the duties, responsibilities and required minimum qualifications of its personnel, including subcontractors. Personnel policies shall include standards governing the ethical conduct of personnel and confidentiality of information in compliance with Paragraph 20 of these Standard Terms and Conditions. The personnel policies shall set forth specific qualification requirements. The qualification requirements shall relate to the service categories offered by the Contractor under this Contract and shall be consistent with the minimum requirements set forth by state licensing authorities and/or relate to the Contract.
- b. **Policies Concerning Volunteers and Interns.** If the Contractor uses volunteers or interns to provide services to clients, it shall have written policies governing the provision of those services that set forth qualification requirements for, and service descriptions and responsibilities of, volunteers and interns. The policies shall also address screening, training, and orientation of the volunteers/interns. Volunteer and intern supervision shall be provided as outlined in Paragraph 37 of this document. The policies and procedures shall mandate that information about each volunteer or intern be retained in the Contractor's files according to Paragraph 41 of these Standard Terms and Conditions.
- c. **Organizational Chart.** Where applicable, the Contractor shall have an organizational chart identifying all personnel positions. The chart shall clearly indicate lines of supervision, authority and accountability.
- d. **Professional Conduct:** The Contractor shall have written standards and disciplinary policies describing the expected behavior of staff.

**SECTION V - MINIMUM PERSONNEL QUALIFICATIONS TO
PROVIDE SERVICES TO CLIENTS**

33. Assessment, Treatment/Service Planning, Counseling, Psychotherapy and Evaluation & Diagnosis Services

Maricopa County acknowledges standards set forth by the Arizona Board of Behavioral Health Examiners (BBHE) through Arizona Administrative Code R4-6: 403 through R4-6: 707 that allow for independent and direct practice experience by behavioral health professionals in relation to psychotherapy for the purpose of assessment, diagnosis and treatment of individuals, families and groups.

Assessment, treatment/service planning, group, family or individual counseling, psychotherapy and evaluation and diagnosis services of a clinical nature shall be conducted only by a psychiatrist, a psychologist, or a professional meeting the minimum qualifications outlined in Paragraph 35.

34. Qualifications to Provide Assessment, Treatment/Service Planning, Counseling, Psychotherapy and Evaluation & Diagnosis Services

- a. **Generally.** Any person who provides the professional services referenced in Paragraph 34 of these Standard Terms and Conditions shall be at least twenty-one (21) years of age, possess a minimum of a Master's degree in a human service related specialty and have at least one of the following qualifications:
- i. Psychiatrists shall be a licensed physician as defined in A.R.S. Title 32, Chapter 13 or 17, who is Board certified or Board eligible under the standards of the American Board of Psychiatry and Neurology or the Osteopathic Board of Neurology and Psychiatry.
 - ii. Psychologists shall be licensed by the Arizona Board of Psychologist Examiners in accordance with A.R.S. Title 32, Chapter 19.1.
 - iii. Professional counselors, marriage and family therapists, social workers or substance abuse counselors shall hold a Master's degree in a human service related specialty and have the following qualifications as applicable:
 - A. Professional counselors shall be a Licensed Professional Counselor (LPC) with the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33.
 - B. Marriage and family therapists shall be a Licensed Marriage and Family Therapist (LMFT) with the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33.
 - C. Substance abuse counselors shall be a Licensed Independent Substance Abuse Counselor (LISAC) with the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33.
 - D. Social workers shall be a Licensed Clinical Social Worker (LCSW) with the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33.
- b. **Non-Licensed Ph.D.** Ph.D. level staff, that is not clinical psychologists and is not licensed by the Arizona Board of Psychologist Examiners, shall be licensed to practice independently by the Arizona Board of Behavioral Health Examiners pursuant to A.R.S. Title 32, Chapter 33, or must meet the standards listed in of Paragraph 35, Subparagraphs g, h, or i.
- c. **Nurse Practitioners.** Nurse practitioners providing the services specified in Paragraph 34 of these Standard Terms and Conditions shall be at least twenty-one (21) years of age, hold a Master's degree in a human services specialty, and licensed by the Arizona Board of Nursing pursuant to A.R.S. Title 32, Chapter 15.

- d. **Physician Assistants.** Physician assistants providing the services specified in Paragraph 34 of these Standard Terms and Conditions shall be at least twenty-one (21) years of age, hold a Master's degree, and licensed by the Arizona Board of Medical Examiners pursuant to A.R.S. Title 32, Chapter 25.
- e. **Registered Nurses.** Registered nurses providing the services specified in Paragraph 34 of these Standard Terms and Conditions shall be at least twenty-one (21) years of age, hold a Master's degree, and licensed by the Arizona Board of Nursing pursuant to A.R.S. Title 32, Chapter 15 and shall have one (1) year of work experience in a behavioral health field.
- f. **OBHL-Licensed Agency Personnel.** Paraprofessional behavioral health professionals and behavioral health technicians who hold a minimum of a Bachelor's degree in a human service related specialty, have a minimum of two (2) years of documented full-time experience working with the client population being served and are employed by an agency licensed by the Department of Health Services as outlined in R9-20-204 and receiving clinical supervision as outlined in R4-6-101 are allowed to provide assessment, treatment/service planning, group, individuals and family counseling, and other direct care services under this contract and shall not engage in independent practice.
- g. **Licensed Associate Behavioral Health Professionals.** Staff licensed at the Associate level by the Arizona Board of Behavioral Health Examiners as cited in R4-6-403 through R4-6-707 may provide assessment, treatment/service planning, group, individual and family counseling, and other direct care services under this contract and shall have a minimum of two (2) years of documented full-time experience working with the client population being served; shall not engage in independent practice; and shall receive at least one (1) hour of clinical supervision for every ten (10) hours of professional service delivery by a person listed in Paragraph 36 a. i – a. iii.
- h. **Temporarily Licensed Staff.** A Master's degree clinician who possesses a temporary license from the BBHE as described in R4-6-306 may provide assessment, treatment/service planning, group, individual and family counseling, and other direct care services under this contract. The clinician must adhere to requirements of the BBHE and receive supervision by a person meeting the requirements of this Paragraph, section a-iii A, B, C, or D. Supervision must occur contemporaneously and be delivered no less than one hour for every ten (10) hours of direct professional services delivered to clients referred under this Contract.
- i. **Failure to Use Qualified Personnel or Subcontractors.** If the Contractor provides services through personnel or subcontractors who do not meet the minimum qualifications set forth in this Paragraph, the Contractor shall not be entitled to compensation for those services and the Contract Officer may recoup, through offset or any other means, any compensation already paid for the services. In addition, the Contract Officer may take actions that the officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.
- j. **The Contractor** shall document competency, experience, and training of staff, as outlined in Paragraph 34-36 of this Contract, within thirty (30) days of hire, and before allowing staff to perform services to clients under this contract.
- k. **Any exceptions** to this standard shall be temporary in nature, not to exceed two (2) years and be based on a plan to rectify the need for the exception. Any exception granted herein only applies to services rendered under this contract and should not be construed as a general permission or exemption from the requirements of the BBHE.
- l. **The Contractor** will provide to Program Administrator a list of direct services staff on at minimal a yearly basis, and/or upon request or at the start of any contract year to include name, degree, license type and corresponding license number.

35. Qualifications of staff to provide Non-clinical Assessments, Service Plans, Case Coordination and Direct Care Services

Generally. Staff providing non-clinical services such as, but not limited to, social history documentation, service planning, life skills education and training, recreational and social activities, milieu activities and other services where the focus of the intervention(s) is primarily non-clinical in nature shall meet minimum qualifications and be supervised. Personnel, sub-contractors, volunteers and interns in this category shall, at minimum, meet the following qualifications:

- a. **Paraprofessionals.** Staff, sub-contractors, and Master's Degree Interns providing non-clinical assessment, service planning, case management and non-clinical/non- psychotherapy to clients shall be at least twenty one (21) years of age; possess a minimum of a Associate's Degree in a human service related field or two years directly related experience.
- b. **Direct Care Personnel.** Staff, including volunteers and Bachelor Degree Interns, providing direct care services to clients shall be at least twenty-one (21) years of age, possess a high school diploma or general education diploma, and have relevant experience and training with the population being served. The Contractor shall restrict direct care staff, including volunteers and Bachelor Degree Interns, to providing non-therapeutic services such as, but not limited to, life skills education and training, recreational and social activities, and milieu activities to clients. Direct care staff shall be competent, and have the experience and training necessary, to provide the services assigned but only under direct supervision.
- c. **The Contractor** shall document competency, experience, and training of staff, as outlined in Paragraph 34-36 of this Contract, within thirty (30) days of hire, and before allowing staff to perform services to clients under this contract.
- d. **Failure to Use Qualified Personnel or Subcontractors.** If the Contractor provides services through personnel or subcontractors who do not meet the minimum qualifications set forth in this Paragraph, the Contractor shall not be entitled to compensation for those services and the Contract Officer may recoup, through offset or any other means, any compensation already paid for the services. In addition, the Contract Officer may take actions that the officer deems appropriate under Paragraph 11 of these Standard Terms and Conditions.
- e. **Exceptions.** Any exceptions to this standard shall be temporary in nature, not to exceed 2 years and be based on a plan to rectify the need for the exception. Any exception granted herein only applies to services rendered under this contract and should not be construed as a general permission or exemption from the requirements of the BBHE.
- f. **The Contractor** will provide to Program Administrator a list of direct care staff on at minimal a yearly basis, and/or upon request or at the start of any contract year to include name, degree, and if applicable, license type and corresponding license number.

SECTION VI - SUPERVISION

36. **Supervision of Direct Care Staff**

- a. **Supervision.** The Contractor shall supervise, individually or in a group, the experiences and interactions of each personnel, subcontractors, interns and volunteers unless independently licensed, providing direct care services to clients. Supervision shall be a minimum of two (2) hours per month by a person who is at least:
 - i. The holder of a bachelor's degree in a field of study related to human services granted by an accredited college or university with a minimum of three (3) years work experience relevant to the person's area of supervision;
 - ii. The holder of a master's degree in a field related to human services granted by an accredited university with a minimum of two (2) years work experience relevant to the person's area of supervision;
 - iii. The holder of a doctorate in a field of study related to human services from an accredited university with a minimum of one (1) year of work experience relevant to the person's area of supervision; or
 - iv. A registered nurse who has a minimum of one (1) year of work experience in a behavioral health setting.

- b. **Documentation.** The Contractor shall document and retain in the appropriate file, that each of the personnel described in Subparagraph a. has received the supervision described in the Subparagraph. The supervision and documentation shall occur contemporaneously. The documentation shall be in a clear and consistent manner that includes:
 - i. The date of the supervision;
 - ii. The name, signature, date and professional credential or job title of the supervisor;
 - iii. The name, signature, date and professional credential or job title of the person receiving the supervision;
 - iv. The duration of the supervision session;
 - v. Identification of the topic(s) addressed, which may include, but is not limited to, clinical issues and skills, unique needs of the client and family, record keeping and documentation, training and development plans, competency determinations, administrative and programming issues;
 - vi. Whether the supervision occurred in a group or individual setting;
 - vii. Identification of staff training needs and recommendations made by the supervisor to enhance job performance.

- c. **Part-Time Staff.** Staff who work twenty (20) hours per week or less in a direct care position shall be supervised at least one hour per month. Weekly hours may not be aggregated to a monthly total for purposes of reducing supervision requirements.

37. **Supervision of Waivered Staff**

- a. **Professional Staff Requirements.** The Contractor shall ensure that personnel who are granted an exemption under Paragraph 36 or who meet the BBHE licensing exemption in Paragraph 35 Subparagraph b of these Standard Terms and Conditions, and who provide professional services to clients, referred under the terms of this contract, receive at least one (1) hour of clinical

supervision for every ten (10) hours of professional service delivery by a person listed in Paragraph 35 Subparagraphs a-i through a-iii, and be in accordance with his/her licensure requirements to provide supervision. Staff providing less than ten (10) hours of professional service delivery must receive a minimum of one (1) hour of supervision per month. Additional requirements may be imposed on the Contractor for waived staff.

- b. **Direct Care Staff Requirements.** The Contractor shall ensure that personnel, who are granted an exemption to provide direct care supervision as described in this Paragraph, must receive at least two (2) hours per month of supervision by a person listed in Subparagraphs a- i through a-iv. Additional requirements may be imposed on the Contractor for exempted staff.
- c. **Documentation.** The Contractor shall document, and retain in the appropriate file, that each of the personnel described in Subparagraph a and b has received the supervision described in this Paragraph. The supervision and documentation shall occur contemporaneously. The documentation shall include:
 - i. The date of the supervision;
 - ii. The name, signature, date and professional credential or job title of the supervisor;
 - iii. The name, signature, date and professional credential or job title of the person receiving the supervision;
 - iv. The duration of the supervision session;
 - v. Identification of the topic(s) addressed, which may include, but is not limited to, clinical issues and skills, unique needs of the client and family, record keeping and documentation, training and development plans, competency determinations, administrative and programming issues;
 - vi. Whether the supervision occurred in a group or individual setting; and
 - vii. Identification of staff training needs and recommendations made by the supervisor to enhance job performance.

38. Key Personnel

- a. The contractor must notify the Contracting Officer within seven (7) business days of any change in key personnel who provide professional services and/or has oversight responsibility of direct services, and /or who are identified by the Contractor in the Application and whose absence directly effects the continuation or provision of services.

A change in key personnel includes, but may not be limited to, the following:

- i. Retirement;
 - ii. Dismissal;
 - iii. Resignation
 - iv. Extended absence for more than 30 days;
 - v. Suspension or administrative leave;
- b. The contractor must identify within seven (7) business days the plan of action that addresses the vacancy of the key personnel position being vacated to the satisfaction of Maricopa County. If new staff is hired in response to the vacancy, the Contractor will submit a Notice of Change of Key Personnel as outlined in Paragraph 6.3.

SECTION VII – PERSONNEL AND RELATED FILES

39. Personnel Files

- a. **File Contents.** The Contractor shall maintain a current, individual file of the Contractor's personnel and subcontractors who provide direct services to clients, which includes:
 - i. The person's name, birth date, address, social security number and phone number;
 - ii. Documentation that the person meets qualifications specified in Paragraphs 34, 35, 36 or 37 of these Standard Terms and Conditions to provide assigned services, including an official copy of a person's diploma or transcripts, record of dates and locations of work experience, education and training;
 - iii. If the staff person requested and/or received a waiver, all supervision documentation as outlined in Paragraph 39 of these Terms and Conditions and all correspondence with Maricopa County must be maintained in the personnel file;
 - iv. A copy of required licenses;
 - v. Documentation of compliance with the fingerprinting requirements set forth in Paragraph 26 of these Standard Terms and Conditions. A copy of the fingerprint clearance card and verification of DPS validity OR a copy of the fingerprint clearance application, including fingerprint ink card if the person does not have the clearance card at the time of hire;
 - vi. Documentation of written performance evaluations, conducted a minimum of every twelve (12) months, including the signature of the person acknowledging receipt of the evaluation;
 - vii. Documentation of any disciplinary actions taken against the person;
 - viii. If applicable, documentation of cardiopulmonary resuscitation and first aid certification;
 - ix. Documentation of orientation, continuing education or training (including web based) and competency determination;
 - x. A copy of the person's current job description and required qualifications with a dated signature of the person indicating that he or she understands and agrees that he or she meets stated qualifications, experience requirements, and can adequately perform duties described;
 - xi. If applicable, documentation of physical exam and TB testing with results and;
 - xii. Documentation of communication with DPS to confirm the validity of fingerprint clearance card or the status of the fingerprint application;
 - xiii. Documentation of competency determination as described in Paragraph 34-36 of these Standard Terms & Conditions;
 - xiv. Documentation of any required communication per Maricopa County Standard Terms & Conditions Paragraph 4. F: Related Litigation and any responses to any inquiry or investigation conducted by law enforcement or licensing body related to the contractor/staff's license or professional conduct may be kept in a separate file available for Maricopa County review and inspection.
-

40. Files on Volunteers and Interns

- a. **File Contents.** The Contractor shall maintain files on volunteers and interns who provide direct services to clients. The files shall demonstrate compliance with the requirements of these Standard Terms and Conditions, and shall include the following:
- i. The person's name, birth date, address, social security and phone numbers;
 - ii. Documentation that the person meets the qualifications specified in this Contract to provide assigned services, including a record of dates and locations of work experience, education, and training;
 - iv. Documentation of compliance with the fingerprinting requirements as specified in Paragraph 26 of these Standard Terms and Conditions. A copy of the fingerprint clearance card and verification of DPS validity OR a copy of the fingerprint clearance application, including fingerprint ink card if the person does not have a clearance card at the time of volunteering or interning.
 - v. Documentation of any disciplinary actions taken against the person;
 - vi. Documentation of orientation, training and supervision, as applicable; and
 - vii. Documentation of cardiopulmonary resuscitation and first aid certification, as applicable.

SECTION VIII - CLIENT ADMISSION AND DISCHARGE CRITERIA

41. Admission and Discharge Requirements

- a. **Admission and Discharge Criteria.** The Contractor shall maintain admission and discharge criteria that are consistent with those specified in the Contractor's Application. The Contractor's written admission criteria shall be sufficiently detailed to allow prospective clients and referring agencies to understand the Contractor's admission policies. The Contractor's written discharge criteria shall be sufficiently detailed to allow a client to understand his or her expected performance.
- b. **Rules and Disciplinary Policies.** The Contractor shall have written program rules and disciplinary policies describing the expected behavior of clients. The Contractor shall provide a copy and verbal explanation of those rules and policies to each client upon that client's entry into service with the Contractor, and document that client's receipt of them in the client file, as required in Paragraph 28 of these Standard Terms and Conditions.

SECTION IX - CLIENT ASSESSMENT

42. Assessment

- a. **Generally.** Except as provided in Subparagraphs b and c of this Paragraph 43, the Contractor shall conduct an assessment and enter it in writing into a client's record within five (5) working days of the client's admission to the program. A psychiatrist, psychologist, or other behavioral health professional as identified in Paragraph 35 of these Standard Terms and Conditions shall conduct the assessment. A staff who has a waiver to conduct professional services may conduct the assessment under the supervision of staff qualified as outlined in Paragraph 39 of these Standard Terms and Conditions. The assessment, and the written record of it, shall include the following and be used to develop the treatment/service plan:
 - i. Date the assessment was conducted;
 - ii. Presenting issues;
 - iii. Identification of criminogenic factors for client.
 - iv. Social history;
 - v. Medical history with documentation of known allergies, required special diets, and current and past medications;
 - vi. Educational and vocational history;
 - vii. Substance abuse history, if applicable;
 - viii. Legal status assessment and history;
 - ix. Current services the client and family are receiving;
 - x. Client and family's history of past treatment and hospitalization for behavioral health and/or substance abuse issues;
 - xi. Information obtained from the interview with the client, his or her parent or guardian;
 - xii. Recommendations for further assessment and treatment as appropriate prior to finalization of treatment plan; and if applicable the need for additional evaluation and diagnosis as specified in Paragraph 46 of these Standard Terms and Conditions; and
 - xiii. Dated signature and credentials of person completing the assessment.
- b. **Assessment Update.** The Contractor shall update the assessment as new information is obtained that effects the client's assessment, but no less than every 12 months.
- c. **Evaluation History.** If a client received a psychiatric, psychological, psycho- educational, psychosexual evaluation within one (1) year of the client's admission to the program with the Contractor, the Contractor may use such evaluation(s) as the client's assessment under Subparagraph a if it meets the requirements. If the Contractor uses such evaluations as the client's assessment, it shall update the information and add the information required in Subparagraphs a and c, to ensure that the information thoroughly addresses all the items specified in Subparagraph a.
- d. **Exemption.** The requirements of this Paragraph shall not be applicable to delinquency prevention programs, unless otherwise indicated on the service specification(s).

43. Additional Evaluation and Diagnosis

- a. **Evaluation.** Based on the information contained in the assessment, the Contractor shall determine the need for and make recommendations for any additional evaluation. The Contractor shall make the recommendations to the referring case manager and enter the recommendations for additional evaluation into the client's record within thirty (30) days of admission to the program. The recommendations may include but are not limited to the following:
- i. Psychiatric or psychological evaluation;
 - ii. Physical examination;
 - iii. Neurological examination;
 - iv. Laboratory tests;
 - v. Educational testing;
 - vi. Occupational and recreational therapy evaluations;
 - vii. Rehabilitation and vocational evaluation;
 - viii. Adaptive behavior evaluation or direct observation of behavior;
 - ix. Nutritional evaluations including specialized nutrition or dietary modifications; and
 - x. Speech and language evaluations.
- b. **Record Keeping.** The Contractor shall record immediately in the client's record additional information about the client's condition resulting from any evaluation conducted throughout the delivery of services to that client. At a minimum, the information shall include the Contractor's conclusions and recommendations resulting from each evaluation.

SECTION X – CLIENT TREATMENT OR SERVICES PLANNING44. **Creating a Treatment or Service Plan**

- a. **Requirement.** The Contractor shall prepare a written treatment/service plan for each client based on the Contractor's assessment and evaluation conducted under Paragraph 43 and, if applicable, Paragraph 44 of these Standard Terms and Conditions. A psychiatrist, psychologist, or other behavioral health professional identified in Paragraph 34 of these Standard Terms and Conditions shall prepare an individualized treatment or service plan for clients referred under this Contract. Waivered personnel may prepare the plan under the supervision of staff qualified as outlined in Paragraph 36 of these Standard Terms and Conditions. The plan shall identify the person who wrote the plan and his/her credentials, and contain those person's legible signature(s) and is based on the findings of the assessment/evaluation.
- b. **Exemption.** The requirements of this Paragraph shall not be applicable to delinquency prevention programs unless otherwise indicated on the service specification(s).
- c. **Time Line.** The Contractor shall prepare and implement treatment/service plans for the programs and within the time lines specified below, with the exception of services that have a different requirement outlined in the service specification:
 - i. For outpatient services, five (5) business days after completion of the assessment or upon admission to the program;
 - ii. For residential services, thirty (30) calendar days after completion of the assessment or upon admission to the program or unless stipulated differently in the applicable service specification.
- d. **Participants.** The Contractor shall notify the client, case manager and, if applicable, the client's parent, guardian and/or designated representative in advance so that they may participate in the development of the treatment/service plan, or in any treatment plan reviews. The Contractor shall retain a copy of the notification, or documentation that it gave verbal notification, in the client record. If a client, a parent, guardian or designated representative is unable or unwilling to participate in the planning, or such participation is clinically inappropriate, the Contractor shall document the circumstances in writing and file the documentation in the client record.
- e. **Agreement to Treatment/Service Plan.** At the time that the initial plan is developed and with each subsequent review, the Contractor shall document the participation of the client, the client's parent, guardian, and/or designated representative, and the case manager. The Contractor shall also document the participants' agreement to the plan by obtaining their dated signatures on it, or through a written record on the plan that the Contractor obtained verbal approval.

45. **Contents of the Plan**

- a. **Generally.** The individualized treatment/service plan(s) shall, at a minimum, contain the following documented items:
 - i. The date the treatment/service plan was developed;
 - ii. Methods to impact the criminogenic factors identified in the assessment;
 - iii. Client and family's goals to achieve for improvement or maintenance of behavior, behavioral health or adaptive functioning;
 - iv. Specific measurable objectives that relate to the goals and dates when achievement of the objective is expected;
 - v. The services, activities, and programs planned for the client and family;

- vi. Referrals for parent/family services;
 - vii. Discharge criteria and goals.
- b. **Treatment Methods.** The methods used in service delivery and individualized treatment/service plan development shall be an accepted practice among the behavioral health field and demonstrate service capabilities which are appropriate to meet the client's needs, reduce delinquency risk and address responsivity factors such as age, gender and development.
- c. **Implementation.** Services provided to the client shall be directed toward carrying out the treatment/service plan and verified by documentation through progress notes, attendance records, pre and post-tests, and performance indicators.
- d. **Discharge Planning.** As part of the treatment plan or as an independent document developed by the Contractor, the Contractor shall document the readiness of the client for discharge and/or transition to the next level of care through a Discharge Plan. This plan shall be developed by the Contractor in conjunction with the client, clients' parent or guardian and the case manager and document the progress made towards transition and/or discharge of the client. This plan shall include but is not limited to the following documented items:
- i. Behavioral, treatment or service milestones that must be accomplished by the client to allow for discharge or transition;
 - ii. Impact on the youth/family of the services provided and revised approaches needed to achieve discharge or transition readiness;
 - iii. The client's progress at meeting goals identified in the treatment/service plan;
 - iv. Treatment/service plan goals that may require modification;
 - v. Criminogenic factors that have been targeted for impact and progress at impacting them;
 - vi. Strengths of the child and/or family;
 - vii. Barriers to transition and/or discharge and plans to address them;
 - viii. Recommendations or referrals for additional or continued services to ensure continuity of care; and
 - ix. Identification of supports available to client and/or family in the community.
- e. **Plan Review and Update.** The Contractor shall ensure that the treatment/service plan is reviewed and updated by qualified personnel as identified in Paragraph 35 and 36 of these Standard Terms and Conditions, at a minimum, when measurable objectives are accomplished, when additional client deficits that need intervention are identified, or at least every ninety (90) days from the initial date of the plan. The review and update shall comply with the requirements of Paragraph 46 of these Standard Terms and Conditions. The written review shall indicate:
- i. Services, activities, programs and client goals added to, deleted or modified from the previous treatment/service plan;
 - ii. Progress toward the measurable objectives previously identified on the plan;
 - iii. Issues which impeded treatment progress and whether such issues were client-based or agency-based; and
 - iv. Discharge planning activity (unless a separate Discharge Plan is developed).

SECTION XI - REQUIREMENTS FOR CLIENT RECORD KEEPING

46. Confidentiality and Content of Client Records

- a. **Confidentiality.** Client information, including client records, shall be kept confidential pursuant to the requirements of Paragraph 20 of these Standard Terms and Conditions.
- b. **Minimum Contents.** At a minimum, the record for each client shall include:
 - i. An Informed Consent Form, as outlined in the definitions of these Terms and Conditions, which is signed by the client and the client's parent, guardian, or designated representative as appropriate and contains documentation that a verbal explanation has been provided to the client. Informed consent can be accomplished by providing a verbal explanation of the client's condition and proposed treatment/services including the intended outcome, the nature of the proposed treatment/services, any procedures involved in the proposed treatment/services, risk or side effects of the proposed treatment/services and any alternatives to the proposed treatment/services.

This requirement is not applicable to delinquency prevention programs, unless the program is graphic in nature.

- ii. A face sheet, which shall include name, address, telephone number, date of birth, person to notify in case of emergency, client's legal status, referral source, case manager, attending or personal physician, and the admission date. All information on the face sheet shall be updated as necessary in order to keep the information accurate and timely;
- iii. Client assessments and evaluations as specified in Paragraphs 45 and 46 of these Standard Terms and Conditions;
- iv. Documentation of clients' receipt of program rules and disciplinary policies;
- v. Copies of any consultation reports or evaluations conducted by other agencies, professionals or physicians which resulted in admission to the Contractor or are relevant to treatment and/or services to be provided by the Contractor;
- vi. Referral form and summary, if applicable, including the reason for referral, presenting problem and medications and dosage at the time of referral;
- vii. A treatment/service plan as specified in Paragraphs 45 and 46 of these Standard Terms and Conditions, including any additional requirements as listed in the appropriate Service Specification;
- viii. A notice of treatment/service planning as specified in Paragraph 46 of these Standard Terms and Conditions;
- ix. Documentation of any treatment/service plan reviews and updates;
- x. Progress notes, which are signed and dated by the staff providing the services, must be written on the day of the event for all services other than weekly milieu notes. Documentation of the services provided to the client and family in accordance with the treatment/service plan, duration of service, level of family involvement and the progress made toward goals and measurable objectives. This includes weekly milieu notes, at a minimum, documenting client behavior, participation, significant events or other items of note. Amended progress notes shall have the date, name, and signature of the person amending the note and the reason for the amendment. Group progress notes shall be individualized to each client attending group;

- xi. Progress reports required by Paragraph 58 of these Standard Terms and Conditions;
- xii. Evaluation reports required by Paragraph 58 of these Standard Terms and Conditions;
- xiii. Documentation of incidents that involve clients, psychiatric emergencies, and client grievances;
- xiv. A record of written, signed and dated physician's orders, and verbal orders given by telephone with documentation that such orders were reviewed and signed by the physician in accordance with the Contractor's policies. Such orders include but are not limited to, prescription medications, over-the-counter medications, PRN medications, restraints and seclusions;
- xv. A record of all medications and dosages administered by licensed medical staff of the Contractor, and any medication self-administered by the client but monitored by Contractor staff under Paragraph 50 of these Standard Terms and Conditions;
- xvi. Notations of communications pertinent to the client's well-being or treatment;
- xvii. The discharge summary required by Paragraph 58 of these Standard Terms and Conditions;
- xviii. Client consent to release client information, required by Paragraph 20 of these Standard Terms and Conditions, and for photographs, required by Paragraph 29. of these Standard Terms and Conditions;
- xix. Documentation of Title XIX and Title XXI preliminary financial eligibility screening at intake as required by A.R.S. 36-3408, as applicable;
- xx. Documentation of screening for AHCCCS enrollment and RBHA enrollment. If AHCCCS enrolled, ensure client is referred for RBHA enrollment and service eligibility, as applicable;
- xxi. Documentation of the client's receipt of his/her client rights as required in Paragraph 28;
- xxii. A copy of the Service Authorization Form (SAF) initiating and continuing services; and
- xxiii. As applicable for Contractors providing out-of-home services, a copy of the physical examination and testing for communicable diseases (including TB) conducted within seven (7) days of intake and every year thereafter.

47. Client Record Maintenance

- a. **Maintenance.** The Contractor shall maintain original versions or secure electronic records, not photocopies, of client records in a locked storage location as follows:
 - i. Closed files available on request for inspection by the Contract Officer or referring Maricopa County Department personnel;
 - ii. Open files, readily available on request and in a form that permits them to be brought to a central location for inspection;
 - iii. Up-to-date entries, without error, and legible; and
 - iv. Notations and progress notes written in ink, typewritten or computer printed records, and signed with original signatures.

- v. For electronic records see Paragraph 14.
- b. **Relevant Information.** Client records shall contain information relating only to the individual client's course of care and treatment. The Contractor shall not record the behavior, comments, or actions of any other client who is receiving services in another client's record, except for such information that directly affects the care and treatment of the client.
- c. **File Management.** The Contractor shall have a system of identifying, organizing, and filing of client records, hardcopy and if applicable electronically, to ensure information is maintained properly and for rapid location and retrieval at all times.
- d. **Access.** The Contract Officer and Program Administrator shall have the right to inspect, review and copy client records for the purposes of administering this Contract, or other state or federal laws or regulations, as authorized in Paragraphs 12, 14, 15 and 16 of these Standard Terms and Conditions. Additionally, the staff of the referring Maricopa County Department shall have the right to examine, review and copy client records for the purpose of program requirements.
- e. **Retention.** The Contractor shall retain complete client records, both hardcopy and electronic, according to Paragraph 14 of these Standard Terms and Conditions.
- f. **Disposal.** The Contractor shall dispose of client records, and any other records that contain client information, according to Paragraphs 14 and 20 of these Standard Terms and Conditions.
- g. **Personal Clothing Allowance.** For Contractors receiving personal and clothing money from Maricopa County, the Contractor shall record by individual client the dissemination of all personal and clothing allowance. The Contractor shall retain receipts documenting that monies are for the personal use of the client and must be accounted for by the Contractor. Documentation should be kept in a manner that allows for review upon request. The Contractor shall also comply with the requirements for the distribution of Personal and Clothing Allowances.

SECTION XII - MEDICATION CONTROL

48. General Requirements

If the Contractor is licensed, it shall administer client medications according to the ADHS/OBHL, and/or the ADES/ACYF licensing regulations. If the Contractor is unlicensed, it shall comply with Paragraph 50 and 51 of these Standard Terms and Conditions.

49. Self-Administration of Medications

- a. **Policies Required.** The Contractor shall permit the client to self-administer medications only if the Contractor has in place written policies governing the handling of these medications. The Contractor shall ensure the availability of personnel on site at all times, when clients are present, whom the Contractor has trained to monitor clients when taking medications. Contractor medication policies and procedures shall address at a minimum:
 - i. Locked storage of medications;
 - ii. Methods of monitoring the client's self-administration of medication and adverse reactions to such medication;
 - iii. Methods of ensuring that a client who self-administers medication takes only medication prescribed for that client;
 - iv. Informing a client when medications should be taken;
 - v. Methods of teaching the client about the expected results and reactions of the medications they are taking; and
 - vi. Disposal of discontinued medications.
- b. **Records.** The Contractor shall keep self-administration medication records in the client's file for all medications the client takes as follows:
 - i. The client and personnel responsible for monitoring a client's self-administration of medication shall initial the records after the client takes the medication;
 - ii. The client or personnel shall document the name of the medication taken, the dosage and the time that the medication was taken; and
 - iii. The Contractor shall designate one (1) qualified personnel member to conduct a monthly review of the medication records and document compliance with the agency's medication policies.
- c. **Injectable Medications.** Self-administration of injectable medications such as insulin for a diabetic client shall be allowed only under the following conditions:
 - i. The client's physician of record has given written orders authorizing the Contractor's personnel to allow such administration of the injectable;
 - ii. The client has been trained to self-administer injections and has demonstrated such capability to Contractor personnel; and
 - iii. Self-administration of the injectable medication is not contraindicated in the client's treatment plan or by the client's current behavioral health issues.
- d. **Drug Reactions and Errors.** The Contractor shall report adverse drug reactions and medication errors immediately to the attending physician and record any incident in the client's record. The

Contractor shall also complete an incident report according to the Contractor's policies and procedures and in accordance of Paragraph 59 of these Terms and Conditions.

- e. **Current Drug Information.** The Contractor shall maintain current drug information to enable personnel responsible for monitoring a client's self-administration of medications to educate themselves about common reactions and side effects of the medication.
- f. **Containers and Labels.** The Contractor shall keep self-administered medications in the original labeled prescription container as approved by the State Board of Pharmacy, which specifies:
 - i. The client's name;
 - ii. The name of the medication;
 - iii. The dose;
 - iv. How often and how long the medication is to be taken; and v. The physician's name and prescription date.

50. Medication Storage Area

- a. **Generally.** Except for unit dosages, the Contractor shall store the client's medications in the original prescription container, in a separate storage space.
- b. **Locked Storage.** The Contractor shall keep all medications in locked storage, free from dampness and abnormal temperatures, except for those requiring refrigeration. Only authorized personnel shall have access to the key.
- c. **Refrigeration.** The Contractor shall keep all medications requiring refrigeration in a separate locked box securely fastened within the refrigerator, unless the refrigerator is locked or is located in a locked medication room. The temperature of the refrigerator shall not exceed 45 degrees Fahrenheit.
- d. **External Use Medicines.** The Contractor shall store medications for external use, and eye, ear and rectal medications, separately from other medications.
- e. **Discarding Medicines.** The Contractor shall separate and discard medications which have exceeded their expiration date, those that are unusable or not to be released to the client upon discharge, and those with an illegible or missing label. The Contractor shall dispose of all medications according to state and federal requirements. It shall conduct disposal through a licensed pharmacist or by an authorized personnel in accordance with Contractor policy and procedures.
- f. **Inspections.** The Contractor shall designate one (1) personnel member to conduct inspections of all medication storage monthly. The inspections shall be documented and verify compliance with all medication storage area requirements of this Contract.

SECTION XIII - GENERAL CLIENT SERVICES REQUIREMENTS51. **General Client Services Requirements**

- a. **Release of Client.** Contractor personnel shall not release a juvenile client to anyone other than the custodial parent or agency, case manager, probation officer, guardian or a person designated by documented authorization from the custodial parent, juvenile Superior Court, agency or guardian. The Contractor shall have a procedure to verify telephone authorizations initiated by the custodial parent or guardian.
- b. **Health and Safety.** Contractor personnel shall not at any time endanger the health or safety of the client under their care.
- c. **Educational and Sports Materials.** If the Contractor is providing day programs or out-of-home treatment, it shall have available educational materials, equipment and toys for all clients receiving services. The Contractor shall provide such items for both indoor and outdoor activities and in a variety of sizes and designs appropriate to the clients' developmental and psychological needs. It shall also provide play materials and sports equipment in amounts that allow every client to be involved in play or recreational activity at any time. The Contractor shall maintain in a usable condition and disinfect as necessary all equipment, toys, and materials.
- d. **Appropriate Behavior Control Methods.** Contractor personnel shall use behavior management methods to teach clients and model acceptable behavior. Clients shall not be allowed to discipline other clients. Contractor methods to promote socially accepted behavior and compliance with Contractor policies and procedures shall not be detrimental to the health, emotional or psychological needs of the client and shall not be associated with eating, sleeping, or toileting. Contractor personnel shall not humiliate, threaten, belittle or frighten a client, or use corporal punishment, and shall not permit other personnel and/or another client to do so. Inappropriate behavior management practices, as described in this Subparagraph and/or prohibited in the Contractor's policies and procedures, are considered by Maricopa County to be incidents as defined in Paragraph 59.
- e. **Use of Translators.** The Contractor shall not use the client's family members or peers to translate languages to English. Only qualified interpreters and/or bi-lingual professional personnel shall be utilized to provide services to monolingual clients and families.
- f. **Family Involvement.** All efforts to encourage and support families to be actively and meaningfully involved in aspects of care must be documented. Family involvement should be considered throughout the course of services, but at a minimum, during the assessment process, the identification and prioritization of treatment/service goals, the review of on-going care and the planning for discharge and aftercare services.

SECTION XIV - FOOD SERVICES

52. Food Services

- a. **Generally.** If the Contractor is licensed by the ADHS/OBHL, or the ADES/ACYF, it shall adhere to licensing standards in providing food services. If the Contractor is not licensed, it shall comply with the following minimum requirements:
 - i. If food is stored and prepared on-site, the Contractor shall follow all applicable ADHS health code rules for food handling and storage and hold all appropriate licenses; or
 - ii. If food is not stored and prepared on-site, the Contractor shall purchase meals from a vendor which meets all applicable ADHS health code rules and which holds appropriate licenses.
- b. **Nutritional Requirements.** All meals or snacks shall meet the requirements of the age group served according to federal standards for daily nutrition and shall be sufficient in quantity to allow a second helping.
- c. **Menus.** The Contractor shall maintain records of menus for one (1) month of all meals served for the previous month.
- d. **Allergies:** Obtain information on food allergies of the clients in their care and prepare food services accordingly.

SECTION XV - TRANSPORTATION OF CLIENTS

53. **General Transportation Requirements**

- a. **Generally.** If the Contractor provides its own vehicular transportation of clients, uses a private transport provider, or uses volunteer-driven vehicles, it shall comply with the requirements of this Paragraph and all applicable federal and state laws, rules, and regulations.
- b. **Staffing Medical Services.** When the Contractor provides transportation generally or for outings, it shall select personnel to meet the acuity of the clients involved. For transportation or outings lasting four (4) hours or more where emergency medical services cannot respond within twelve (12) minutes, at least two (2) personnel shall be required when two (2) or more clients are present.
- c. **Vehicular and Driver Requirements.** Contractors providing client transportation shall ensure compliance to the following requirements:
 - i. The vehicle shall be maintained in a mechanically safe condition;
 - ii. The vehicle driver shall be twenty-one (21) years of age or older and hold a current driver's license;
 - iii. No client shall be transported in portions of vehicles not constructed for the purpose of transporting people such as truck beds, campers, or any trailer attachment to a motor vehicle;
 - iv. Every client shall be seated on a seat which is securely fastened to the body of the vehicle and which provides sufficient space for the client's body;
 - v. The driver and every passenger shall comply with A.R.S. § 28-907 and 28-909 in the use of seat belts;
 - vi. Contractor personnel and clients shall not stand, sit or lay on the floor while the vehicle is in motion;
 - vii. Every vehicle used to transport clients shall have adequate heating and air conditioning;
 - viii. A first aid kit and sufficient drinking water for all clients on an outing shall be maintained in the vehicle; and
 - ix. The Contractor shall maintain on file records of all services and repairs for owned or leased vehicles for as long as the Contractor uses the vehicles.
- d. **Transport Insurance Requirements.** The Contractor shall comply with the insurance requirements specified in Paragraphs 17 and 18 of these Standard Terms and Conditions. The Contractor shall keep proof of insurance at its facility and in every vehicle used to transport clients.
- e. **Transport Safety Requirements.** For general transportation or transportation for outings, the Contractor shall ensure that the following procedures are complied with:
 - i. The driver of any vehicle transporting clients shall not wear headphones or earphones;
 - ii. Vehicle doors shall remain locked at all times when the vehicle is in motion;
 - iii. The vehicle driver shall remove the keys from the vehicle and set the emergency brake before exiting the vehicle;
 - iv. A client shall not be left unattended in a vehicle; and
 - v. The Contractor shall provide a safe vehicle loading and unloading area away from moving traffic and hazardous obstructions.
- f. **Notification.** The Contractor shall notify the Contract Officer and Program Administrator, according to the incident reporting requirements specified in Paragraph 59 of these Standard Terms and Conditions, of any traffic accident involving any client being transported by the Contractor, its transport contractor or Contractor personnel, volunteers, or interns utilizing personal vehicles.

- g. **Emergency Information.** Emergency information shall be available in the transport vehicle for every client being transported, which shall include, information regarding each client's medication/allergy requirements and any adverse reactions which may be anticipated to occur as a result of the weather, client anxiety, delay in administration of medications or other reasons.

54. Transportation For Day Programs

- a. **Day Programs.** For day programs, the Contractor shall provide transportation to and from programs in Contractor-operated vehicles or by public transportation if not contra- indicated by client's treatment plan. The Contractor may not leave clients at their house if no one is home unless the client is of a suitable age. Additionally, the Contractor may not leave clients of a suitable age if no one is home, or if the home is locked and the client does not possess a key.
- b. **Emergency Information.** Emergency information shall be available in the transport vehicle for every client being transported, which shall include, information regarding each client's medication/allergy requirements and any adverse reactions which may be anticipated to occur as a result of the weather, client anxiety, delay in administration of medications or other reasons.

55. Transportation For Out-of-Home Programs

- a. **Out-of-Home Programs.** For out-of-home programs, the Contractor shall provide transportation to and from the following:
 - i. Medical and dental appointments;
 - ii. Superior Court appearances;
 - iii. Home visits where parental transport cannot be arranged;
 - iv. Therapeutic services;
 - v. Other Superior Court-related requests or requirements;
 - vi. School;
 - vii. Recreational activities; and
 - viii. Work.
- b. **Emergency Information.** Emergency information shall be available in the transport vehicle for every client being transported, which shall include, information regarding each client's medication/allergy requirements and any adverse reactions which may be anticipated to occur as a result of the weather, client anxiety, delay in administration of medications or other reasons.

56. Outings

- a. **Staffing Records.** The Contractor shall keep a record of each outing that includes:
 - i. A list of clients participating in the outing;
 - ii. Anticipated departure and return times;
 - iii. License plate numbers of every vehicle used for the outing; and
 - iv. Name, location, and when possible, telephone number of the destination.
- b. **Emergency Information.** Emergency information shall be available in the transport vehicle for every client participating in the outing as well as information regarding each client's medication/allergy requirements and any adverse reactions that may be anticipated to occur as a result of the weather, client anxiety, delay in administration of medications or other reasons.

SECTION XVI - MANDATORY REPORTING REQUIREMENTS

57. Reporting Generally

- a. **Contract Deliverables.** The Contractor shall supply all reports specified in the Contract and applicable Service Specifications, or mandated by the Contract Officer and/or Program Administrator. The Contractor shall ensure that each report is accurate, timely and thorough.
- b. **Progress Report.** The Contractor shall file a written progress report with the client's case manager by the 10th day of each month for the prior month. The Contractor shall document on the progress report the date and method of delivery for filing the report with the case manager.
 - i. The progress report shall include, at a minimum:
 - A. Services provided;
 - B. The client's and family's response and progress in services;
 - C. Plan for engagement strategies if the client and/or family is not involved;
 - D. Primary issues addressed;
 - E. Prognosis for continuing service;
 - F. Client's anticipated discharge date and plan; G.Date of report; and
 - H. Signature and credentials of personnel completing the report.
 - ii. For Psychiatric Acute Care services, a progress report is required to be delivered to the case manager by the 10th day of each month for the prior month, to include:
 - A. The nature of the treatment provided, including any medications and the client's current diagnosis;
 - B. The client's need for continued inpatient psychiatric acute care services, including the estimated length of the services;
 - C. A projected discharge date;
 - D. The level of care required by the client and the potential placement options that are available to the child on discharge; and
 - E. A statement from the medical director of the inpatient psychiatric acute care facility or the medical director's designee as to whether inpatient psychiatric acute care services are necessary to meet the client's mental health needs and whether the facility that is providing the inpatient psychiatric acute care services to the client is the least restrictive available alternative.
 - iii. For residential treatment services (ADHS/OBHL licensed level I or Joint Commission or COA accredited facilities) a progress report is due to the case manager by the 10th day of each month for the prior month, to include:
 - A. The nature of the treatment provided, including any medications and the client's current diagnosis;
 - B. The client's need for continued residential treatment services, including the estimated length of the services;
 - C. A projected discharge date;
 - D. The level of care required by the client and the potential placement options that are available to the client on discharge; and
 - E. 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 client's mental health needs and whether the

facility that is providing the residential treatment services to the client is the least restrictive available alternative.

- c. **Evaluation Report.** The Contractor shall submit psychiatric, psychological, psychoeducational and psychosexual, evaluation, addendum or update to the requesting department, within ten (10) business days of the evaluation appointment.
- d. **Termination/Discharge Report.** The Contractor shall prepare a termination or discharge summary and submit to the case manager within fifteen (15) business days of the termination of Contractor services for each client and family, the contractor shall document method and date the report was filed with the Referring Department, which includes, but is not limited to:
 - i. A summary of services provided;
 - ii. Accomplishments relating to the treatment plan;
 - iii. Length of time services received;
 - iv. Initial issues disclosed during the assessments, evaluation, and diagnosis and those disclosed during treatment and entered into the service plan, which were not resolved;
 - v. Recommendations for continuing treatment;
 - vi. Date of discharge/termination of services;
 - vii. Reason for discharge/termination of services;
 - viii. Referrals made;
 - ix. Date report was prepared;
 - x. Dated Contractor signature and credentials;
 - xi. For Psychiatric Acute Care Services, the discharge summary must be prepared within fifteen (15) days of the client's discharge and the report delivered to the Referring Department case manager within twenty (20) days of the client's discharge.
- e. **Other Reports.** The Contract Officer and/or Program Administrator may require the Contractor to provide other reports, or to participate in reports or surveys of other entities, such as may be negotiated at the time this Contract is awarded and specified in the Contract's Special Terms and Conditions, Attachment A, Contract Amendment or Change Order. The Contractor shall retain copies of these reports in its Contract file.
- f. **Outcome Evaluations.** The Contractor shall participate in any outcome evaluation conducted by the Program Administrator.

58. Incident Reporting

Reporting Requirements. The Contractor shall ensure incidents involving clients served under the Contract and others as outlined in this Subparagraph are reported according to these Standard Terms & Conditions. In addition, the Contractor shall ensure mandatory reporting to Law Enforcement and/or Child Protective Services is conducted pursuant to A.R.S. §13-3620 and shall report incidents identified as required by law, licensing regulations and agency policy (as applicable).

a. **Parties to Notify.**

- i. Maricopa County – Program Administrator. The Contractor shall report to the Program Administrator incidents involving clients/youth in accordance with these Standard Terms & Conditions. Incidents impacting the health, safety and welfare of clients whether or not the incident involved clients served under this Contract shall also be reported to the Maricopa County Program Administrator. The incident report shall exclude identifying information for youth not funded by Maricopa County.
- ii. Maricopa County Referring Department. The Contractor shall report incidents, including but not limited to, incidents identified in this Paragraph of the Standard Terms & Conditions of program-involved clients to the case manager whether or not the client is funded by Maricopa County.
- iii. Law Enforcement. The contractor shall report incidents to law enforcement as required by law and according to the Contractor’s policies and procedures.
- iv. Parent/Guardian. The Contractor shall notify the parent or guardian of the incidents set forth in this Paragraph as deemed appropriate.

b. **Health, Safety and Welfare Incidents.** The Contractor shall report all incidents to Maricopa County impacting the health, safety and welfare of clients whether or not the incidents involved clients served under this contract. The Contractor shall follow the guidelines/timeframes set forth subparagraphs b, c, d and e for reporting and documenting of incidents.

c. **Significant Incidents.** The Contractor shall report the following significant incidents by telephone to the Program Administrator at **(602) 506-5911** by 12:00 noon on the next business day after the incident occurs or after becoming aware of the incident. The Contractor shall also submit a written incident report to the Program Administrator not later than three (3) business days after the occurrence of any of the following incidents:

- i. Death of any client (whether or not services are funded by Maricopa County);
- ii. Riots, fires and/or natural disasters.

d. **General Incidents.** The Contractor shall report the following incidents involving clients served under this contract by submitting a written incident report to the Program Administrator not later than three (3) business days after the occurrence or becoming aware of the incident.

- i. Homicidal or suicidal attempt or threat with a plan;
- ii. Physical assault (whether or not an injury occurs);
- iii. Medical treatment beyond first aid as a result of an injury while in a contract service;
- iv. Emergency room or urgent care visits;
- v. Request for emergency mental health stabilization provided by first responders and/or crisis intervention teams;
- vi. Sexual behavior involving staff and/or clients/youth (consensual or not);
- vii. Emergency safety response (ESR), locked seclusion and/or restraint;
- viii. Weapons possession;
- ix. Possession by a client of any quantity of illicit drugs or alcohol or of medications not prescribed to the client;
- x. Prescription medication errors;
- xi. Any missed medication dosages and/or medication refusals that exceed two (2) consecutive days. Note: Refusals must be discussed with the case manager officer and documented;
- xii. Acts by clients or staff where the Contractor involves law enforcement, excluding runaway youth;
- xiii. Self harming behavior (with or without injury);
- xiv. Reported acts of inappropriate discipline and/or inappropriate behavior management involving clients by staff; and
- xv. Traffic accidents involving clients transported by the Contractor or its personnel, transport contractor, volunteers or interns.

- e. **Additional reports/notification to the referring Maricopa County Department.**
Within three (3) hours of occurrence or becoming aware of the following incidents, the Contractor shall notify the Referring Department only and maintain documentation of those notifications:
 - i. Runaways;
 - ii. Any CPS referral.
- f. **Incident Report Form.** All incident reports must be legible and be signed by the staff who prepared the report as well as by the staff who approved the report. The completed memo must be faxed to the Program Administrator at (602) xxx-xxxx. The Contractor shall maintain a file of written incident reports that are available for review under this contract.
- g. **Maricopa County Response to Incident Reports or Complaints.** The Program Administrator shall take the following steps upon Contractor notification of an incident in this Paragraph:
 - i. The Program Administrator shall review the verbal and written information to determine if the incident requires investigation. The Program Administrator may direct the Contractor to initiate an internal review and/or request additional information and/or require specific action;
 - ii. If the Contractor's actions are such as to warrant the concern of the Maricopa County Referring Department, the Program Administrator shall investigate further or forward the information to the relevant authorities;
 - iii. If the Maricopa County Referring Department is not satisfied with the Contractor's response to an incident, the Contract Officer may take any appropriate action including those listed in Paragraph 11.d.

59. Incorporation of Documents

The following are to be attached to and made part of this Contract:

- a. Exhibit A, Pricing
- b. Exhibit B, Scope of Work

IN WITNESS WHEREOF, this Contract is executed on the date set forth above.

CONTRACTOR

Diane Genco
AUTHORIZED SIGNATURE

Diane Genco Clinical Director/owner
PRINTED NAME AND TITLE

4205 N. 7th Ave #311, Phoenix, AZ 85013
ADDRESS

6/10/13
DATE

MARICOPA COUNTY

[Signature]
CHAIRMAN, BOARD OF SUPERVISORS

AUG 21 2013
DATE

ATTESTED:

[Signature]
CLERK OF THE BOARD

AUG 21 2013
DATE

APPROVED AS TO FORM:

[Signature]
LEGAL COUNSEL

Aug 7 2013
DATE

**EXHIBIT A
PRICING**

SERIAL 12037-ROQ
 NIGP CODE: Various
 COMPANY NAME: Center for Change
 DOING BUSINESS AS (DBA) NAME: AZ Center for Change
 MAILING ADDRESS: 4205 N. 7th Ave #311 Phoenix, AZ 85013

 REMIT TO ADDRESS: 4205 N. 7th Ave #311 Phoenix, AZ 85013

 TELEPHONE NUMBER: 602-253-8488
 FACSIMILE NUMBER: 602-253-8340
 WEB SITE: www.azcfc.com
 REPRESENTATIVE NAME: Diane Genco
 REPRESENTATIVE PHONE NUMBER: 602-253-8488
 REPRESENTATIVE E-MAIL: dgenco@azcfc.com

YES NO REBATE

WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT: [4] []

WILL ACCEPT PROCUREMENT CARD FOR PAYMENT: [4] []

FUEL COMPRISES (if section for fuel price adjustment is located in the solicitation document) _____ % OF TOTAL BID AMOUNT

PAYMENT TERMS: RESPONDENT IS REQUIRED TO PICK ONE OF THE FOLLOWING. PAYMENT TERMS WILL BE CONSIDERED IN DETERMINING LOW BID. FAILURE TO CHOOSE PAYMENT TERMS WILL RESULT IN A DEFAULT TO NET 30 DAYS.

[4] NET 30 DAYS

1.0 PRICING:

On the sheet labeled Service Line Items, please provide your pricing per the indicated unit of measure (UOM) for the services for which you are responding.

**EXHIBIT A
PRICING**

Scope of Work	Service Code	Description	\$ ea	UOM
2.3	A123	Comprehensive Assessment	\$250.00	Assessment
2.3	A180	Professional Consultation	\$17.50	15 min
2.4	J123	Comprehensive Assessment	\$250.00	Assessment
2.4	J180	Professional Consultation	\$17.50	15 min
2.9	A128	Substance Abuse Assessment	\$150.00	Assessment
2.9	A180	Professional Consultation	\$17.50	15 min
2.10	J128	Substance Abuse Assessment	\$150.00	Assessment
2.10	J180	Professional Consultation	\$17.50	15 min
3.4	A135	Office Based Individual - Masters	\$70.00	HR
3.4	A135	Office Based Individual -Ph.D	\$90.00	HR
3.4	A137	Office Based Family - Masters	\$70.00	HR
3.4	A137	Office Based Family - Ph.D	\$90.00	HR
3.4	A138	Office Based Group - Masters	\$20.00	Hr/Client
3.4	A138	Office Based Group - Ph.D	\$20.00	Hr/Client
3.4	A140	Home Based	\$80.00	HR
3.4	A146	Multi-Family Group	\$20.00	Hr/Family
3.4	A180	Professional Consultation	\$17.50	15 min
3.5	J135	Office Based Individual - Masters	\$70.00	HR
3.5	J135	Office Based Individual -Ph.D	\$90.00	HR
3.5	J137	Office Based Family - Masters	\$70.00	HR
3.5	J137	Office Based Family - Ph.D	\$90.00	HR
3.5	J138	Office Based Group - Masters	\$20.00	Hr/Client
3.5	J138	Office Based Group - Ph.D	\$20.00	Hr/Client
3.5	J140	Home Based	\$80.00	HR
3.5	J146	Multi-Family Group	\$20.00	Hr/Family
3.5	J180	Professional Consultation	\$17.50	15 min
3.6	A142	Adjunctive Therapy - Individual	\$70.00	HR
3.6	A142	Adjunctive Therapy - Family	\$70.00	Hr/Family
3.6	A142	Adjunctive Therapy - Group	\$20.00	Hr/Client
3.7	J142	Adjunctive Therapy - Individual	\$70.00	HR
3.7	J142	Adjunctive Therapy - Family	\$70.00	Hr/Family
3.7	J142	Adjunctive Therapy - Group	\$20.00	Hr/Client
3.10	A050	EMDR	\$70.00	PER hour
3.11	J050	EMDR	\$70.00	per hour
4.10	A196	Cognitive Skills Development - Individual	\$70.00	HR
4.10	A196	Cognitive Skills Development - Group	\$20.00	Hr/Client
4.10	A196	Cognitive Restructuring - Individual	\$70.00	HR
4.10	A196	Cognitive Restructuring - Group	\$20.00	Hr/Client
4.11	J196	Cognitive Skills Development - Individual	\$70.00	HR
4.11	J196	Cognitive Skills Development -	\$20.00	Hr/Client

		Group		
4.11	J196	Cognitive Restructuring - Individual	\$70.00	HR
4.11	J196	Cognitive Restructuring - Group	\$20.00	Hr/Client
5.5	A225	Office Based Individual - Masters	\$70.00	HR
5.5	A225	Office Based Individual -Ph.D	\$90.00	HR
5.5	A228	Office Based Family - Masters	\$70.00	HR
5.5	A228	Office Based Family - Ph.D	\$90.00	HR
5.5	A226	Office Based Group - Masters	\$20.00	Hr/Client
5.5	A226	Office Based Group - Ph.D	\$20.00	Hr/Client
5.5	A229	Home Based	\$80.00	HR
5.5	A232	Multi-Family Group	\$20.00	Hr/Family
5.5	A180	Professional Consultation	\$17.50	15 min
5.6	J225	Office Based Individual - Masters	\$70.00	HR
5.6	J225	Office Based Individual -Ph.D	\$90.00	HR
5.6	J228	Office Based Family - Masters	\$70.00	HR
5.6	J228	Office Based Family - Ph.D	\$90.00	HR
5.6	J226	Office Based Group - Masters	\$20.00	Hr/Client
5.6	J226	Office Based Group - Ph.D	\$20.00	Hr/Client
5.6	J229	Home Based	\$80.00	HR
5.6	J232	Multi-Family Group	\$20.00	Hr/Family
5.6	J180	Professional Consultation	\$17.50	15 min

**EXHIBIT B
SCOPE OF WORK**

CONTRACT REQUIREMENTS

SOW 2.3

**COMPREHENSIVE ASSESSMENT – ADULT
Service Code A123 and 180**

SERVICE DEFINITION:

This service provides a Comprehensive Assessment of the client and family. The assessment shall include a written statement of conclusions reached through interview, observation, testing, and review of records.

STANDARDS/LICENSURE REQUIREMENTS:

Services shall be provided by a licensed Master's level person or a more qualified professional who has experience completing assessments.

UNITS OF SERVICE:

One unit equals one assessment. Assessments may not exceed four (4) hours, including report writing.

SERVICE GOAL:

To provide a comprehensive assessment of the client's personal, social, and cultural environment based on conclusions reached through interview, observation, testing and review of records.

SERVICE TASKS:

1. Complete the assessment and provide a written report to the utilizing Maricopa County Department within seven days of client's referral.
2. Develop conclusions based on detailed knowledge of the client and utilization of the following resources as available:
 - a. Physical exam, mental health history, medical reports, current psychological tests, developmental checklists, academic achievement tests, home visits and observations, observation of peer relationships and interactions.
 - b. Evaluations of speech, hearing, language, motor and sensory functioning, learning disabilities and deficits, learning strengths, and optimal learning modes.
 - c. The client's family circumstances, including the constellation of the family group; the current living situation, the social, ethnic, religious, and cultural norms of the family; the socioeconomic status; social agency involvement with the client and family; emotional and health factors including drug and/or alcohol use that affects the client and the family.
 - d. Family interviews and observations, home environment, previous mental health history, family system functioning, parenting skills, goals, and expectations for the client, and other relevant information.
 - e. Assessment of the client's recreational interest, hobbies, preferred activities, and aptitudes.
 - f. Assessment of vocational and occupational interests, aptitudes and experience.
3. A written report with the assessment findings and treatment recommendations shall be forwarded to the utilizing Maricopa County Department.

The report shall include:

- a. Assess and describe the client's presenting problems their duration, pervasiveness and related behaviors.
- b. Assess and describe the client's intellectual capacities.

- c. Assess and describe the client's academic history.
- d. Assess and describe the social and functional history of the family.
- e. Assess and describe the legal status of the client, present and past.
- f. Assess and describe the client's pertinent medical history and present medication usage.
- g. Develop conclusions describing both strengths and deficits of the client and family.
- h. Treatment recommendations must include the recommended treatment service/level or hospitalization.
- i. Treatment recommendations must also include the intensity and duration of the recommended treatment services.

Comprehensive Assessment–Adult Service Codea123 And 180

This goal of this service is to provide a Comprehensive Assessment of the client and family. The assessment includes a written statement of conclusions reached through interview, observation, testing, and review of records. This assessment includes a thorough exploration of a client's personal, social, and cultural environment.

SERVICE TASKS:

1. Comprehensive assessments and written report are sent to the referring agent within 7 days of the client's referral.
2. Contractor may obtain and use the following collateral information to draw conclusions:
 - a. Physical exam, Medical reports, Medical Records
 - b. Mental health history (obtained by previous mental health professionals)
 - c. Psychological tests/reports conducted by other professionals previously
 - d. developmental checklists
 - e. Academic achievement tests
 - f. Evaluations/reports of speech, hearing, language, motor and sensory functioning, learning disabilities and deficits, learning strengths, and optimal learning modes.
3. Contractor directly assesses the following areas through a comprehensive structured clinical interview:
 - a. The client's family circumstances, including the constellation of the family group
 - b. the current living situation
 - c. the social, ethnic, religious, and cultural norms of the family
 - d. the socioeconomic status; social agency involvement with the client and family
 - e. Emotional and health factors including drug and/or alcohol use that affects the client and the family.
 - f. Family interviews and observations, home environment, previous mental health history, family system functioning, parenting skills, goals, and expectations for the client, and other relevant information.
 - g. Assessment of the client's recreational interest, hobbies, preferred activities, and aptitudes.
 - h. Assessment of vocational and occupational interests, aptitudes and experience.
4. Contractor may use the following additional assessment tools to assist in better assessing the client's needs, underlying motivations and personality traits:
 - a. Home visits
 - b. Observations
 - c. Observation of peer relationships and interactions
 - d. **MILLON CLINICAL MULIAXIAL INVENTORY III (MCMI)** is a 175 question true/false paper/pencil measure of personality characteristics across all axis. It measures clinical syndromes (Axis I), personality characteristics (Axis II) and interpersonal interrelatedness or capabilities of the person to establish and maintain relationships, interact with others and personality characteristics that may either facilitate or impair the

person's capabilities in this regard. The MCMI-II also presents information that may help the consumer of the report develop a plan for treatment interventions.

- e. **THE QUALITY OF LIFE INDEX (QLI)** was developed by Ferrans and Powers to measure quality of life in terms of satisfaction with life (Ferrans & Powers, 1985).
- f. **STAGES OF CHANGE ASSESSMENT:** The URICA is a 32-item self-report measure that includes 4 subscales measuring the stages of change: Responses are given on a 5-point Likert scale ranging from 1 (strong disagreement) to 5 (strong agreement). The subscales can be combined arithmetically (C + A + M – PC) to yield a second-order continuous readiness to change score that can be used to assess readiness to change at entrance to treatment. Four stages of change have been conceptualized for a variety of problem behaviors. The four stages of change are Precontemplation, Contemplation, Preparation/Action, and Maintenance.
- g. **GENERAL ABILITY MEASURE FOR ADULTS: (GAMA)** The GAMA test (General Ability Measure for Adults) is a self-administered, timed test that uses abstract designs, shapes, and colors to help measure general ability. Normed on a census-based sample of 2,360 adults. The GAMA IQ score helps estimate an individual's general intellectual ability and the 4 subtest scores provide additional information about the individual's performance.

5. Contractor's written report includes the following:

- a. An Assessment and Description of the client's presenting problems their duration, pervasiveness and related behaviors.
- b. An Assessment and Description of the client's intellectual capacities
- c. An Assessment and Description of the client's academic history.
- d. An Assessment and Description of the social and functional history of the family.
- e. An Assessment and Description of the legal status of the client, present and past.
- f. An Assessment and Description of the client's pertinent medical history and present medication usage.
- g. A summary and conclusions describing both strengths and deficits of the client and family.
- h. Specific treatment recommendations including the recommended treatment service/level or hospitalization.
- i. Treatment recommendations include the intensity and duration of the recommended treatment services.

Any person providing this service has the following qualifications:

- An independently licensed professional licensed by the AZ Board of Behavioral Health Examiners or higher.
- An Associate level licensed professional licensed by the AZ Board of Behavioral Health Examiners who works under the direct supervision of an independently licensed professional in the agency.

SOW 2.4

COMPREHENSIVE ASSESSMENT – YOUTH
Service Codes J123 and J180

SERVICE DEFINITION:

This service provides a Comprehensive Assessment of the youth and family. The assessment shall include a written statement of conclusions reached through interview, observation, testing, and review of records.

STANDARDS/LICENSURE REQUIREMENTS:

Services shall be provided by a licensed Master's level person or a more qualified professional who has experience completing assessments.

UNITS OF SERVICE:

One unit equals one assessment. Assessments may not exceed four (4) hours, including report writing.

SERVICE GOAL:

To provide a comprehensive assessment of the youth's personal, social, cultural, and educational environment based on conclusions reached through interview, observation, testing and review of records.

SERVICE TASKS:

1. Complete the assessment and provide a written report to the utilizing Maricopa County Department, within seven days of client's referral.
2. Develop conclusions based on detailed knowledge of the youth and utilization of the following resources as available:
 - a. Physical exam, mental health history, medical reports, current psychological tests, developmental checklists, academic achievement tests, school visits and observations, home visits and observations, observation of peer relationships and interactions.
 - b. Evaluations of speech, hearing, language, motor and sensory functioning, learning disabilities and deficits, learning strengths, and optimal learning modes.
 - c. The youth's family circumstances, including the constellation of the family group; the current living situation, the social, ethnic, religious, and cultural norms of the family; the socioeconomic status; social agency involvement with the youth and the family; emotional and health factors including drug and/or alcohol use that affects the youth and family.
 - d. Family interviews and observations, home environment, previous mental health history, family system functioning, parenting skills, goals, and expectations for the youth, and other relevant information.
 - e. Assessment of the youth's recreational interest, hobbies, preferred activities, and aptitudes.
 - f. Assessment of vocational and occupational interests, aptitudes and experience.
3. A written report with the assessment findings and treatment recommendations shall be forwarded to the utilizing Maricopa County Department.

The report shall include:

- a. Assess and describe the youth's presenting problems their duration, pervasiveness and related behaviors.
- b. Assess and describe the youth's intellectual capacities.
- c. Assess and describe the youth's academic history.
- d. Assess and describe the social and functional history of the family.
- e. Assess and describe the legal status of the youth, present and past.

- f. Assess and describe the youth's pertinent medical history and present medication usage.
- g. Develop conclusions describing both strengths and deficits of the youth and family.
- h. Treatment recommendations must include the recommended treatment service/level of care, i.e. delinquency prevention services, outpatient care services, intensive outpatient services, foster care, level I, II, III residential treatment services, hospitalization.
 - i. Treatment recommendations must also include the intensity and duration of the recommended treatment services.

Comprehensive Assessment–Youth Service Codes J123 And J180

The goal of this service is to provide a comprehensive assessment of the youth's personal, social, cultural, and educational environment based on conclusions reached through interview, observation, testing and review of records. This service provides a Comprehensive Assessment of the youth and family. The assessment includes a written statement of conclusions reached through interview, observation, testing, and review of records.

1. Comprehensive assessments and written report are sent to the referring agent within 7 days of the client's referral.
2. Contractor may obtain and use the following collateral information to draw conclusions:
 - a. Physical exam, Medical reports, Medical Records
 - b. Mental health history (obtained by previous mental health professionals)
 - c. Psychological tests/reports conducted by other professionals previously
 - d. developmental checklists
 - e. Academic achievement tests
 - f. Evaluations/reports of speech, hearing, language, motor and sensory functioning, learning disabilities and deficits, learning strengths, and optimal learning modes.
3. Contractor directly assesses the following areas through a comprehensive structured clinical interview:
 - a. The youth's family circumstances, including the constellation of the family group
 - b. the current living situation
 - c. the social, ethnic, religious, and cultural norms of the family
 - d. the socioeconomic status; social agency involvement with the youth and family
 - e. Emotional and health factors including drug and/or alcohol use that affects the youth and the family.
 - f. Family interviews and observations, home environment, previous mental health history, family system functioning, parenting skills, goals, and expectations for the client, and other relevant information.
 - g. Assessment of the youth's recreational interest, hobbies, preferred activities, and aptitudes.
 - h. Assessment of vocational and occupational interests, aptitudes and experience.
4. Contractor may use the following additional assessment tools to assist in better assessing the youth's needs, underlying motivations and personality traits:
 - a. Home visits
 - b. School visits
 - c. Observations
 - d. Observation of peer relationships and interactions
 - e. **MILLON ADOLESCENT CLINICAL INVENTORY (MACI)** This is a brief adolescent personality inventory with a strong clinical focus. The MACI assessment was specifically created to address the unique concerns, pressures and situations facing teens. It can assist professionals in confirming a diagnostic hypotheses and assist in creating individualized treatment planning.
 - f. **STAGES OF CHANGE ASSESSMENT:** The URICA is a 32-item self-report measure that includes 4 subscales measuring the stages of change: Responses are given on a 5-

point Likert scale ranging from 1 (strong disagreement) to 5 (strong agreement). The subscales can be combined arithmetically (C + A + M – PC) to yield a second-order continuous readiness to change score that can be used to assess readiness to change at entrance to treatment . Four stages of change have been conceptualized for a variety of problem behaviors. The four stages of change are Precontemplation, Contemplation, Preparation/Action, and Maintenance.

5. Contractor's written report includes the following:
 - j. An Assessment and Description of the youth's presenting problems their duration, pervasiveness and related behaviors.
 - k. An Assessment and Description of the youth's intellectual capacities
 - l. An Assessment and Description of the client's academic history.
 - m. An Assessment and Description of the social and functional history of the family.
 - n. An Assessment and Description of the legal status of the youth, present and past.
 - o. An Assessment and Description of the youth's pertinent medical history and present medication usage.
 - p. A summary and conclusions describing both strengths and deficits of the youth's and family.
 - q. Specific treatment recommendations including the recommended treatment service/level or hospitalization.
 - r. Treatment recommendations include the intensity and duration of the recommended treatment services.

Any person providing this service has the following qualifications:

- An independently licensed professional licensed by the AZ Board of Behavioral Health Examiners or higher.
- An Associate level licensed professional licensed by the AZ Board of Behavioral Health Examiners who works under the direct supervision of an independently licensed professional in the agency

SOW 2.9

SUBSTANCE ABUSE ASSESSMENT – ADULT
Service Codes A128 and A180

SERVICE DEFINITION:

This service provides a comprehensive evaluation of the client's substance use and recommendations for the least restrictive level of care.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one assessment. The total assessment may not exceed 2.5 hours, including reports.

SERVICE GOAL:

To provide a comprehensive evaluation of the client's substance abuse through the assessment of the client's personal, educational or vocational, cultural, and social environments. The evaluation and the subsequent recommendations for the least restrictive level of care can be obtained through the use of, or a combination of the following: assessment tools, interviews, testing and review of previous records.

SERVICE TASKS:

1. Provide a comprehensive substance abuse assessment to referred client.
2. The assessment may be performed anywhere it is appropriate to do so, the clinician performing the service must be flexible to meet the needs of both the client and the family. It is preferred that clinician perform the assessments at a location other than the provider agency. Preferably in the client's home, in order to obtain a more complete assessment of the client's support systems and strengths, and assess weaknesses that may detract from the client successfully completing a treatment program.
3. The assessment process is to be completed with the client and his/her family to assess the client's:
 - a. Onset, frequency, duration and type of substance abuse
 - b. Current problem(s) and stressors
 - c. Social functioning
 - d. Family history
 - e. Educational history
 - f. Medical history
 - g. Behavioral health problems
 - h. Mental status if applicable
4. Identify and record any factors that may hinder the treatment process and positive outcome of the case.
5. Assess the family's willingness to cooperate and participate in the treatment process.
6. Participant is to sign a release of information granting the utilizing Maricopa County Department Case Manager(s), the court, its representatives, and the clinician, access to the participant's

educational, medical, psychological, and other records that are deemed appropriate for assessment purposes.

7. A written report with the assessment findings and recommendations for the least restrictive level of care shall be provided to the utilizing Maricopa County Department Case Manager(s), within seven (7) calendar days of the referral.

ADDITIONAL INFORMATION REQUIREMENTS:

Please provide a copy of the assessment tools and report format must accompany the proposal.

Substance Abuse Assessment–Adult Service Codes A128 And A180

The goal of this service is to provide a comprehensive evaluation of the client’s substance abuse through the assessment of the client’s personal, educational or vocational, cultural, and social environments. The evaluation and the subsequent recommendations for the least restrictive level of care is obtained through the use of, or a combination of the following: assessment tools, interviews, testing and review of previous records.

SERVICE TASKS:

1. Contractor provides comprehensive substance abuse assessment to referred client.
2. The assessment may be performed anywhere it is appropriate to do so, the clinician performing the service can be flexible to meet the needs of both the client and the family. Contractor will be able perform the assessments at a location other than the provider agency including in the client’s home if Contractor assess is it a safe environment. In home assessments may be able to obtain a more complete assessment of the client’s support systems and strengths, and assess weaknesses that may detract from the client successfully completing a treatment program. In some cases, as an adjunct to the clinical interview, Contractor may use the SASSI. The Substance Abuse Assessment/Screening and Report is comprehensive biopsychosocial intake assessment and report that is conducted by a qualified clinician who meets the standards of practice established in this RFQ. The assessor identifies the client’s substance abuse severity, strengths, weaknesses, and readiness for treatment. Assessments are conducted face to face.
3. The assessment process is completed with the client and his/her family and aims to assess the client’s:
 - a. Onset, frequency, duration and type of substance abuse
 - b. Current problem(s) and stressors
 - c. Social functioning
 - d. Family history
 - e. Educational history
 - f. Medical history
 - g. Behavioral health problems
 - h. Mental status if applicable
4. The assessment process will identify and record any factors that may hinder the treatment process and positive outcome of the case. The Urica Stages of Change Assessment may be used assist in assessing client’s willingness to change as well as identify specific treatment recommendations related to the stage of change.
5. Contractor assesses the family’s willingness to cooperate and participate in the treatment process.
6. Appropriate releases and consents are signed prior to the assessment process. All client questions are answered during that time.
7. A written report is established with the assessment findings and recommendations for the least restrictive level of care. The report is provided to the referring agent within 7 days of the client referral.

Any person providing this service has the following qualifications:

- At a minimum, services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who hold a License as an Independent Substance Abuse Counselor.

SOW 2.10

SUBSTANCE ABUSE ASSESSMENT – YOUTH
Service Code J128 and J180

SERVICE DEFINITION:

This service provides a comprehensive evaluation of the youth's substance use and recommendations for the least restrictive level of care.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one assessment. The total assessment may not exceed 2.5 hours, including reports.

SERVICE GOAL:

To provide a comprehensive evaluation of the youth's substance abuse through the assessment of the youth's personal, educational, cultural, and social environments. The evaluation and the subsequent recommendations for the least restrictive level of care can be obtained through the use of, or a combination of the following: assessment tools, interviews, testing and review of previous records.

SERVICE TASKS:

1. Provide a comprehensive substance abuse assessment to the referred youth.
2. The assessment may be performed anywhere it is appropriate to do so, but the clinician performing the service must be flexible to meet the needs of the client and the family. It is permissible to perform assessments at a location other than the provider agency. Such alternative sites to be considered: schools, or community/city buildings. However, it is strongly recommended that clinicians perform the assessment in the youth's home, in order to obtain a more complete assessment of the youth's support systems and strengths, and assess weaknesses that may detract from the youth successfully completing a treatment program.
3. The assessment process is to be completed with the youth and his/her family to assess the youth's:
 - a. Onset, frequency, duration and type of substance abuse
 - b. Current problem(s) and stressors
 - c. Social functioning
 - d. Family history
 - e. Educational history
 - f. Medical history
 - g. Behavioral health problems
 - h. Mental status if applicable
4. Identify and record any factors that may hinder the treatment process and positive outcome of the case.
5. Assess the family's willingness to cooperate and participate in the treatment process.
6. Participant and parents are to sign a release of information granting the utilizing Maricopa County

Department, court, its representatives, and the clinician, access to the participant's educational, medical, psychological, and other records that are deemed appropriate for assessment purposes.

7. A written report with the assessment findings and recommendations for the least restrictive level of care shall be provided to the utilizing Maricopa County Department within seven (7) calendar days of the referral.

ADDITIONAL INFORMATION REQUIREMENTS:

Please provide a copy of the assessment tools and report format must accompany the proposal.

Substance Abuse Assessment-Youth Service Code J128 And J180

The goal of this service is to provide a comprehensive evaluation of the youth's substance abuse through the assessment of the youth's personal, educational, cultural, and social environments. The evaluation and the subsequent recommendations for the least restrictive level of care is obtained through the use of, or a combination of the following: assessment tools, interviews, testing and review of previous records.

SERVICE TASKS:

1. Provide a comprehensive substance abuse assessment to the referred youth.
2. The assessment may be performed anywhere it is appropriate to do so. The clinician performing the service is flexible to meet the needs of both the youth and the family. Contractor will be able perform the assessments at a location other than the provider agency including in the youth's home if Contractor assess is it a safe environment. In home assessments may be able to obtain a more complete assessment of the youth's support systems and strengths, and assess weaknesses that may detract from the youth successfully completing a treatment program. Such alternative sites to be considered: schools, or community/city buildings. In some cases, as an adjunct to the clinical interview, Contractor may use the SASSI (Adolescent Version). The Substance Abuse Assessment/Screening and Report is comprehensive biopsychosocial intake assessment and report that is conducted by a qualified clinician who meets the standards of practice established in this RFQ. The assessor identifies the youth's substance abuse severity, strengths, weaknesses, and readiness for treatment. Assessments are conducted face to face.
3. The assessment process is completed with the youth and his/her family to assess the youth's
 - a. Onset, frequency, duration and type of substance abuse
 - b. Current problem(s) and stressors
 - c. Social functioning
 - d. Family history
 - e. Educational history
 - f. Medical history
 - g. Behavioral health problems
 - h. Mental status if applicable
4. The assessment process will identify and record any factors that may hinder the treatment process and positive outcome of the case. The Urica Stages of Change Assessment may be used assist in assessing client's willingness to change as well as identify specific treatment recommendations related to the stage of change.
5. Contractor assess the family's willingness to cooperate and participate in the treatment process.
6. Appropriate releases and consents are signed prior to the assessment process. All client questions are answered during that time.
7. A written report is established with the assessment findings and recommendations for the least restrictive level of care. The report is provided to the referring agent within 7 days of the client referral.

Any person providing this service has the following qualifications:

- At a minimum, services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is a licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who hold a License as an Independent Substance Abuse Counselor.

SOW 3.4

GENERAL MENTAL HEALTH COUNSELING – ADULT
Service Codes A135, A137, A138, A140 and A146

SERVICE DEFINITION:

This service provides appropriate interventions to address the client's cognitive, social or behavioral issues, including a wide range of personal, interpersonal, situational and functional problems. Services may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the client's home with the exception of group services.

Group counseling may not be used to deliver a curriculum-based program. All group counseling services must be process oriented and open entry and exit.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

To identify and treat behavioral and emotional needs within the cultural context of the client. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan/treatment plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, develop a treatment plan that must address the needs of the individual.
3. In accordance with the Individual Service Plan, provide authorized treatment service to the client or family, if recommended.
4. Legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
5. Contractor must have original client signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract" and made available for review if requested.
6. Prepare and provide written monthly progress reports to the utilizing Maricopa County Department.

Professional Consultation

Provide consultation services to the utilizing Maricopa County Department that may include, but not be limited to, staffings, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in accordance with Item 4 under Service Tasks.

SOW 3.5

GENERAL MENTAL HEALTH COUNSELING – YOUTH
Service Codes J135, J137, J138, J140 and J146

SERVICE DEFINITION:

This service provides appropriate interventions to address the youth's cognitive, social or behavioral issues, including a wide range of personal, interpersonal, situational and functional problems. Services may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the client's home with the exception of group services.

Group counseling may not be used to deliver a curriculum based program. All group counseling services must be process oriented and open entry and exit.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

To identify and treat behavioral and emotional needs within the cultural context of the youth. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan/treatment plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, develop a treatment plan that must address the needs of the individual.
3. In accordance with the Individual Service Plan, provide authorized treatment service to the youth or family, if recommended.
4. Legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
5. Contractor must have original youth signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract" and made available for review if requested.
6. Prepare and provide written monthly progress reports to the utilizing Maricopa County Department. Provide reports as required by utilizing Maricopa County Department.

Professional Consultation

Provide consultation services to utilizing Maricopa County Department case manager(s) that may include, but not be limited to, staffing, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in accordance with Item 4 under Service Tasks.

General Mental Health Counseling – Adult Service Codes A135, A137, A138, A140 and A146

General Mental Health Counseling – Youth Service Codes J135, J137, J138, J140 and J146

This service aims provides appropriate interventions to address the client's/youth's cognitive, social or behavioral issues, including a wide range of personal, interpersonal, situational and functional problems. Services may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the client's/home with the exception of group services. Alternative meetings sites will be used as safety permits.

The goal is to identify and treat behavioral and emotional needs within the cultural context of the client/youth. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan/treatment plan.

The Contractor provides individual, group and family counseling to meet treatment goals. Group treatment sessions are typically limited to 12 clients. Group education sessions may have 20 or more clients at one time. The Contractor provides services to individuals and families dealing with the following behavioral health problems: General behavioral health problems as identified in the DSM IV-TR, PTSD/sex abuse, substance abuse, domestic violence, trauma and other behavioral health problems.

Note related to GROUP treatment: Although Contractor typically uses workbook and structured journal materials for Contractor's groups, Contractor's groups are considered to be "open", meaning Contractor can intake clients at any time and enroll them in the groups. Some groups, such as Dialectical Behavior Therapy may require the client to meet with an individual therapist for a week or two before joining the group sessions. Under these service codes, groups are therapeutic and not psychoeducational.

Frequency /intensity and types of services:

In general the treatment plan dictates the frequency and duration of services. However, generally, service delivery is as follows:

General Behavioral Health Problems: Most clients are seen in weekly individual sessions that last approximately 50 minutes in duration. Some clients may require longer sessions if they are experiencing acute symptoms that require longer sessions. Because Contractor's contractor provides EMDR treatment, clients undergoing this type of treatment may require longer sessions. Further description of EMDR services is established as its own service code in this RFQ. All clients are offered family therapy if the treatment plan identifies that as a needed service. Family therapy sessions are provided as needed according to the treatment plan and are approximately 50 minutes in length unless otherwise specified.

For general behavioral health problems, the counselors will use a variety of treatment modalities. These modalities will be guided by the initial intake assessment and the treatment plan. The modalities may include but is not limited to the following:

- Cognitive/behavioral
- Dialectical Behavior Therapy
- Solution focused
- Strategic
- Motivational
- Emotive or experiential
- Psychoeducation
- Guided imagery
- Bibliotherapy

Counselors also participate in team staffings, child and family team meetings and other collaborative processes to provide the best possible case coordination.

Services for General Behavioral Health problems are delivered Monday-Friday from 9am-9pm, Saturdays and Sundays by appointment only.

Sexual Abuse Victim Counseling: These clients are seen weekly in individual sessions and weekly in group treatment as identified on the treatment plan. Individual sessions will last approximately 50 minutes in duration unless otherwise specified on the treatment plan. Group sessions last approximately 90-100 minutes in duration.

Clients in sex abuse victim counseling use a general curriculum called “Moving Mountains” written by Diane Genco MA, LPC (2000). Additionally, the counselors use a variety of treatment modalities. These modalities are guided by the initial intake assessment and the treatment plan. The modalities may include but are not limited to the following:

- Cognitive/behavioral
- Solution focused
- Strategic
- Motivational
- Emotive or experiential
- EMDR
- Psychoeducation
- Guided imagery
- Bibliotherapy

Upon completion of the structured group program, these clients are offered an after care or “step down” program where they can attend group sessions once a month or as needed.

Family therapy is an important aspect of sexual abuse victim counseling especially if reunification is the goal. Family therapy is offered as needed according the treatment plan.

Services for sexual abuse victim counseling are offered Monday-Friday 9am-9pm, Saturdays and Sundays by appointment only. Group sessions are likely to be held in the evening hours, however, if the needed, the Contractor will add daytime hours for group sessions.

Dialectical Behavioral Therapy: As described at www.behavioraltech.org

Contractor provides Dialectical Behavior Therapy. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of mindful awareness, distress tolerance, and acceptance largely derived from Buddhist meditative practice.

DBT involves two components:

1. An **individual component** in which the therapist and patient discuss issues that come up during the week, recorded on diary cards, and follow a treatment target hierarchy. Self-injurious and suicidal behaviors take first priority, followed by therapy interfering behaviors. Then there are quality of life issues and finally working towards improving one's life generally. During the individual therapy, the therapist and patient work towards improving skill use. Often, a skills group is discussed and obstacles to acting skillfully are addressed.
2. The **group**, which ordinarily meets once weekly for two to two-and-a-half hours, learns to use specific skills that are broken down into four modules: core mindfulness skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance skills.

Neither component is used by itself; the individual component is considered necessary to keep suicidal urges or uncontrolled emotional issues from disrupting group sessions, while the group sessions teach the skills unique to DBT, and also provide practice with regulating emotions and behavior in a social context.

The first goal of DBT is to insure the client stays alive, so that the second goal (staying in therapy), results in meeting the third goal (building a better quality of life), partly through the acquisition of new behaviors (skills). In short, Contractor have just described the targets found in Stage I. This stage of treatment focuses, in order, on decreasing life threatening behaviors, behaviors that interfere with therapy, quality of life threatening behaviors and increasing skills that will replace ineffective coping behaviors. The goal of Stage I DBT is for the client to move from behavioral dys-control to behavioral control so that there is a normal life expectancy.

In Stage II, DBT addresses the client's inhibited emotional experiencing. It is thought that the client's behavior is now under control but the client is suffering “in silence”. The goal of Stage II is to help the

client move from a state of quiet desperation to one of full emotional experiencing. This is the stage in which post-traumatic stress disorder (PTSD) would be treated.

Stage III DBT focuses on problems in living, with the goal being that the client has a life of ordinary happiness and unhappiness.

Clients in standard DBT receive three main modes of treatment – skills group, individual therapy, and phone coaching (in some instances, not all). In individual therapy, some clients receive once weekly or every other week individual sessions that are typically an hour to an hour-and-a half in length. Clients also must attend a weekly skills group for at least 8 months to one year. Unlike with regular group psychotherapy, these skills groups emerge as classes during which clients learn four sets of important skills – Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. Clients are also asked to call their individual therapists for skills coaching **prior** to hurting themselves. The therapist then walks them through alternatives to self-harm or suicidal behaviors.

In collaboration with the client, the therapist keeps track of how the treatment is going, how things are going with everyone involved in the treatment, and whether or not the treatment is helping the client reach his or her goals.

It is important to know that the therapist who facilitates the skills group has a slightly different role when compared to traditional group therapy. The therapist role is more like a teacher or coach. He or she will be presenting and teaching skills and coaching participants through how to use and implement the skills. Deeper process and therapeutic intervention typically take place in individual sessions.

The Contractor does not provide services to individuals with severe developmental disabilities where such a disability would interfere in their ability to respond to the services provided.

The Contractor does not provide behavioral health crisis services, however, Contractor do provide Contractor's clients with information on how to receive crisis services.

SERVICE TASKS:

1. Contractor provides a comprehensive intake assessment prior to beginning services. During this intake assessment, the clinician reviews existing social history and other relevant information.
2. Clinician, in collaboration with all involved parties, develop a treatment plan that address the needs of the individual, youth and family. Treatment/Service plans allow for other parties, i.e, Case Manager, PO, etc. to sign.
3. Clinicians, in accordance with the Individual Service Plan, only provide authorized treatment service to the client, youth or family, if recommended.
4. Clinicians legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title. Contractor has a client management system that allows for easy documentation of progress notes.
5. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal.
6. Attendance (sign in logs) are filed in the client's clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
7. Contractor has a system of developing monthly reports and forwarding them to the referring agent by the 10th of the following month.

Contractor has an established reputation in the behavioral health community for providing consultation services. Contractor routinely participate in staffings and child and family team meetings. Contractor have provided training and expert testimony. When Contractor participate in client case staffings, Contractor document the consultation in the client's electronic record.

Any person providing this service has the following qualifications:

- At a minimum, services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.

- The Agency is a licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. These professionals work under direct supervision of an independently licensed professional.

SOW 3.6

ADJUNCTIVE THERAPY – ADULT
Service Code A142

SERVICE DEFINITION:

This service provides alternative interventions to address a client's cognitive, social or behavioral problems, including a wide range of personal, interpersonal, situational and functional problems. Adjunctive therapy uses supplemental activities or tasks to assist in reaching the client's treatment goals. Adjunctive therapy may be delivered in individual, family, and group settings. Examples of adjunctive therapy are equine therapy, art therapy, and music therapy.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

To identify and treat behavioral and emotional needs within the cultural context of the client using the appropriate adjunctive activities and/or tasks. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, develop a treatment plan which addresses the needs of the client. Individual service plan must include goals and objectives specific to the method of adjunctive therapy used and indicate how the adjunctive therapy method will address these goals and objectives.
3. In accordance with the individual service plan, provide authorized treatment service to the client or family, if recommended, using the appropriate adjunctive techniques.
4. Legibly document in client file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
5. Contractor must have original client signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract and made available for review if requested.
6. Prepare and provide monthly progress reports to the utilizing Maricopa County Department. Provide all other reports as required by contract and utilizing Maricopa County Department

ADDITIONAL INFORMATION REQUEST

Please describe in detail the proposed Type of Adjunctive Therapy.

Adjunctive Therapy – Adult**Service Code A142**

This service provides alternative interventions to address a client's cognitive, social or behavioral problems, including a wide range of personal, interpersonal, situational and functional problems. Contractor provides Expressive Arts Therapies (EAT), which are adjunctive therapies using supplemental activities or tasks to assist in reaching the client's treatment goals. Contractor delivers Expressive Arts

Therapies in individual, family, and group settings. The main goal of EAT is to identify and treat behavioral and emotional needs within the cultural context of the client using the appropriate EAT activities and/or tasks. Additionally Contractor seeks to provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan.

The expressive arts combine the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development.

IEATA (International Expressive Arts Therapy Association) encourages an evolving multimodal approach within psychology, organizational development, community arts and education. By integrating the arts processes and allowing one to flow into another, clients gain access to their inner resources for healing, clarity, illumination and creativity.

Contractor uses a multimodal therapy approach. This approach provides a framework that facilitates systematic treatment selection in a broad-based comprehensive yet highly focused manner. The following approaches fall within multimodal: Humanistic, Cognitive-Behavioral, Solution-Focused, Analytical, and Person-Centered.

Examples of EAT (Expressive Art Therapy) Interventions and Exercises: Drawing, painting, small scale sculpting, movement/dance, photography, collage, creative writing and journaling.

Assessment and progress towards goals and objectives while in therapy can be measured with the Creative Axis Model, Mode of Representation Model, and the Expressive Art Therapies Continuum. Along with those measurement tools, a likard scale assessment will be asked of the client to complete at the initial intake session followed by several check-ins to assess the client's perspective towards progress with goals and objectives of counseling.

Contractor may provide EAT within the context of other programming such as Dialectical Behavior Therapy, Sexual Abuse Trauma Recovery Program, and Anger Management Programming.

SERVICE TASKS:

1. Contractor reviews existing social history by completing an intake assessment with each client and reviews other relevant information as it is available to us.
2. With all involved parties, Contractor develop a treatment plan which addresses the needs of the client. Individual service/treatment plans are developed and includes goals and objectives specific to the method of EAT used and indicates how the EAT therapy method will address these goals and objectives
3. In accordance with the individual service plan, Contractor provide authorized treatment service to the client or family, if recommended, using the appropriate EAT techniques.
4. Clinicians legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title. Contractor has a client management system that allows for easy documentation of progress notes.
8. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal. Attendance (sign in logs) are filed in the client's clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
9. Contractor has a system of developing monthly reports and forwarding them to the referring agent by the 10th of the following month.

Any person providing this service has the following qualifications:

- Services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
The Agency is a licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. These professionals work under direct supervision of an independently licensed professional.

SOW 3.7

ADJUNCTIVE THERAPY – YOUTH
Service Code J142

SERVICE DEFINITION:

This service provides alternative interventions to address a client's cognitive, social or behavioral problems, including a wide range of personal, interpersonal, situational and functional problems. Adjunctive therapy uses supplemental activities or tasks to assist in reaching the client's treatment goals. Adjunctive therapy may be delivered in individual, family, and group settings. Examples of adjunctive therapy are equine therapy, art therapy, and music therapy.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, services will be provided by a person who holds a Masters degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- Licensure is not required for those persons with a Masters degree in Human Services who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

To identify and treat behavioral and emotional needs within the cultural context of the client using the appropriate adjunctive activities and/or tasks. To provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, develop a treatment plan which addresses the needs of the client. Individual service plan must include goals and objectives specific to the method of adjunctive therapy used and indicate how the adjunctive therapy method will address these goals and objectives.
3. In accordance with the individual service plan, provide authorized treatment service to the client or family, if recommended, using the appropriate adjunctive techniques.
4. Legibly document in client file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
5. Contractor must have original client signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract and made available for review if requested.
6. Prepare and provide monthly progress reports to utilizing Maricopa County Department Case Manager(s).

ADDITIONAL INFORMATION REQUEST

Please describe in detail the proposed Type of Adjunctive Therapy.

Adjunctive Therapy – Youth**Service Code J142**

This service provides alternative interventions to address a client's cognitive, social or behavioral problems, including a wide range of personal, interpersonal, situational and functional problems. Contractor provides Expressive Arts Therapies (EAT), which are adjunctive therapies using supplemental activities or tasks to assist in reaching the client's treatment goals. Contractor delivers Expressive Arts Therapies in individual, family, and group settings. The main goal of EAT is to identify and treat behavioral and emotional needs within the cultural context of the client using the appropriate EAT activities and/or tasks. Additionally Contractor seeks to provide individualized treatment services in the least restrictive environment which addresses therapeutic goals indicated on the individual service plan.

The expressive arts combine the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development.

IEATA (International Expressive Arts Therapy Association) encourages an evolving multimodal approach within psychology, organizational development, community arts and education. By integrating the arts processes and allowing one to flow into another, clients gain access to their inner resources for healing, clarity, illumination and creativity.

Contractor uses a multimodal therapy approach. This approach provides a framework that facilitates systematic treatment selection in a broad-based comprehensive yet highly focused manner. The following approaches fall within multimodal: Humanistic, Cognitive-Behavioral, Solution-Focused, Analytical, and Person-Centered.

Examples of EAT (Expressive Art Therapy) Interventions and Exercises: Drawing, painting, small scale sculpting, movement/dance, photography, collage, creative writing and journaling.

Assessment and progress towards goals and objectives while in therapy can be measured with the Creative Axis Model, Mode of Representation Model, and the Expressive Art Therapies Continuum. Along with those measurement tools, a likard scale assessment will be asked of the client to complete at the initial intake session followed by several check-ins to assess the client's perspective towards progress with goals and objectives of counseling.

Contractor may provide EAT within the context of other programming such as Dialectical Behavior Therapy, Sexual Abuse Trauma Recovery Program, and Anger Management Programming.

SERVICE TASKS:

5. Contractor reviews existing social history by completing an intake assessment with each client and reviews other relevant information as it is available to us.
6. With all involved parties, Contractor develop a treatment plan which addresses the needs of the client. Individual service/treatment plans are developed and includes goals and objectives specific to the method of EAT used and indicates how the EAT therapy method will address these goals and objectives
7. In accordance with the individual service plan, Contractor provide authorized treatment service to the client or family, if recommended, using the appropriate EAT techniques.
8. Clinicians legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title. Contractor has a client management system that allows for easy documentation of progress notes.
10. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal. Attendance (sign in logs) are filed in the client's clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
11. Contractor has a system of developing monthly reports and forwarding them to the referring agent by the 10th of the following month.

Any person providing this service has the following qualifications:

- Services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. These professionals work under direct supervision of an independently licensed professional.

SOW 3.10

**EYE MOVEMENT DESENSITIZATION & REPROCESSING THERAPY
(EMDR) – ADULT
Service Code A050**

SERVICE DEFINITION:

Eye Movement Desensitization and Reprocessing (EMDR) is a powerful method of psychotherapy that has proven helpful to people of all ages to relieve many types of psychological distress. EMDR may be used within a standard “talking” therapy, as an adjunctive therapy with a separate therapist, or as an individual/stand-alone treatment.

Research has established EMDR as effective for post-traumatic stress. In addition, clinicians also report success using EMDR in treatment of the following conditions:

- Personality disorders
- Panic attacks
- Complicated grief
- Dissociative disorders
- Disturbing memories
- Phobias
- Pain disorders
- Eating disorders
- Performance anxiety
- Stress reduction
- Addictions
- Sexual and/or physical abuse
- Body dysmorphic disorders

STANDARDS/LICENSURE REQUIREMENTS:

Services will be provided by mental health professionals that have completed basic EMDR training and continuing education programs sufficient to obtain and maintain EMDRIA Certified Therapist credentials.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation). It is understood that EMDR sessions typically last from 60 to 90 minutes. Billing for multiple units per session is an allowable practice, based on actual session length.

SERVICE GOAL:

Reduction or elimination of the lasting negative effect of traumatic events that interfere with the way a person sees the world and how they relate to other people. Successful EMDR sessions can lead to normal information processing so that a person no longer relives the images, sounds and feelings associated with the traumatic event.

Eye Movement Desensitization and Reprocessing (EMDR) – Adult Service Code A050

Contractor provides Eye Movement Desensitization and Reprocessing (EMDR), which is a powerful method of psychotherapy that has proven helpful to youth to relieve many types of Trauma and psychological distress. EMDR may be used within a standard “talking” therapy, as an adjunctive therapy with a separate therapist, or as an individual/stand-alone treatment. The goal of EMDR the reduction or elimination of the lasting negative effect of traumatic events that interfere with the way a client/youth sees the world and how they relate to other people. Successful EMDR sessions can lead to normal information processing so that the client/youth no longer relives the images, sounds and feelings associated with the traumatic event.

The EMDR-certified therapist will assist in identifying the significant traumas that have affected the person’s life. Each session will start with a “target memory” and negative thoughts and beliefs associated

with that memory. The therapist then works with you to stimulate both sides of the brain using techniques like eye movement, rhythmic sounds, or vibrations. This is called "bilateral stimulation."

When the memory is brought to mind, the feelings are re-experienced in a new way. The power that the "tangle" held over you fades away. EMDR can enable the person to gain a new perspective and self-awareness that can help choose actions, rather than feeling powerless as one reacts to traumatic memories.

EMDR sessions tend to run approximately 19 minutes in length. After the identified EMDR targets have been successfully completed, sessions can return 60 minutes in length while the remainder of the EMDR protocol is being completed.

Any person providing this service has the following qualifications:

- Services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. These professionals work under direct supervision of an independently licensed professional.
- All Professionals who provide EMDR have completed the Basic EMDR training course and have continuing education in EMDR. Contractor's clinicians have been trained through EMDRIA.

It is estimated that approximately 40% of Contractor's work with clients involved EMDR at some point in their treatment. Contractor is committed to the use of this technique to treat the problem areas identified in this proposal. Contractor actively recruits EMDR trained clinicians and when new clinicians are hired, they are offered to attend the EMDR training at the agency's expense.

SOW 3.11

EYE MOVEMENT DESENSITIZATION & REPROCESSING THERAPY (EMDR) – YOUTH

Service Code J050

SERVICE DEFINITION:

Eye Movement Desensitization and Reprocessing (EMDR) is a powerful method of psychotherapy that has proven helpful to youth to relieve many types of psychological distress. EMDR may be used within a standard “talking” therapy, as an adjunctive therapy with a separate therapist, or as an individual/stand-alone treatment.

Research has established EMDR as effective for post-traumatic stress. In addition, clinicians also report success using EMDR in treatment of the following conditions:

- Addictions
- Body dysmorphic disorders
- Complicated grief
- Dissociative disorders
- Disturbing memories
- Eating disorders
- Pain disorders
- Panic attacks
- Performance anxiety
- Personality disorders
- Phobias
- Sexual and/or physical abuse
- Stress reduction

STANDARDS/LICENSURE REQUIREMENTS:

Services will be provided by mental health professionals that have completed basic EMDR training and continuing education programs sufficient to obtain and maintain EMDRIA Certified Therapist credentials.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation). It is understood that EMDR sessions typically last from 60 to 90 minutes. Billing for multiple units per session is an allowable practice, based on actual session length.

SERVICE GOAL:

Reduction or elimination of the lasting negative effect of traumatic events that interfere with the way a youth sees the world and how they relate to other people. Successful EMDR sessions can lead to normal information processing so that the youth no longer relives the images, sounds and feelings associated with the traumatic event.

1. BEHAVIORAL SUPPORT SERVICES

- 1.1. Family Support – Combined
- 1.2. Family Mediation – Combined
- 1.3. Behavior Management / Modification – Youth
- 1.4. Family Skills Training – Combined
- 1.5. In Home Respite Care – Youth
- 1.6. Behavior Specific Education – Adult
- 1.7. Behavior Specific Education – Youth
- 1.8. Leisure Skills Development – Youth
- 1.9. Mentoring – Youth
- 1.10. Cognitive Skills Development / Cognitive Restructuring – Adult
- 1.11. Cognitive Skills Development / Cognitive Restructuring - Youth
- 1.12. Comprehensive Youth Program – Youth
- 1.13. Life Skills Development – Adult
- 1.14. Life Skills Development – Youth
- 1.15. Interpersonal Skills Building – Adult
- 1.16. Interpersonal Skills Building - Youth

Eye Movement Desensitization and Reprocessing (EMDR) - Youth Service Code J050

Contractor provides Eye Movement Desensitization and Reprocessing (EMDR), which is a powerful method of psychotherapy that has proven helpful to youth to relieve many types of Trauma and

psychological distress. EMDR may be used within a standard “talking” therapy, as an adjunctive therapy with a separate therapist, or as an individual/stand-alone treatment. The goal of EMDR the reduction or elimination of the lasting negative effect of traumatic events that interfere with the way a client/youth sees the world and how they relate to other people. Successful EMDR sessions can lead to normal information processing so that the client/youth no longer relives the images, sounds and feelings associated with the traumatic event.

The EMDR-certified therapist will assist in identifying the significant traumas that have affected the person’s life. Each session will start with a “target memory” and negative thoughts and beliefs associated with that memory. The therapist then works with you to stimulate both sides of the brain using techniques like eye movement, rhythmic sounds, or vibrations. This is called "bilateral stimulation."

When the memory is brought to mind, the feelings are re-experienced in a new way. The power that the "tangle" held over you fades away. EMDR can enable the person to gain a new perspective and self-awareness that can help choose actions, rather than feeling powerless as one react to traumatic memories.

EMDR sessions tend to run approximately 19 minutes in length. After the identified EMDR targets have been successfully completed, sessions can return 60 minutes in length while the remainder of the EMDR protocol is being completed.

Any person providing this service has the following qualifications:

- Services will be provided by a person who holds a Master’s degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is a licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. These professionals work under direct supervision of an independently licensed professional.
- All Professionals who provide EMDR have completed the Basic EMDR training course and have continuing education in EDMR. Contractor’s clinicians have been trained through EMDRIA.

It is estimated that approximately 40% of Contractor’s work with clients involved EMDR at some point in their treatment. Contractor is committed to the use of this technique to treat the problem areas identified in this proposal. Contractor actively recruits EMDR trained clinicians and when new clinicians are hired, they are offered to attend the EMDR training at the agency’s expense.

SOW 4.10

**COGNITIVE SKILLS DEVELOPMENT / COGNITIVE RESTRUCTURING –
ADULT
Service Code A196**

SERVICE DEFINITION:

This service is designed to assist clients experiencing difficulties with decision making, problem solving and anti-social behavior within their natural environment. The intervention is designed to target what and how a client thinks, how they view the world, how well they understand people, their values, reasoning and problem solving. Clients are assisted in changing faulty thinking patterns that are related to recidivism and improving their overall functioning and community sustainability. The service intervention is multi-component focusing on cognitive skill development and restructuring. Each intervention component may be used independently or in conjunction with one another.

- **Cognitive Skills Development:** The development of learned skills to help improve impaired cognitive functions and/or distortions with the intent of enhancing the client's ability to process and interpret information or develop strategies to improve their overall ability to function in all aspects of their natural environment. Examples of cognitive skills may include but are not limited to, problem solving, social skills, negotiation skills, consequential/sequential thinking, managing emotions, social perspective taking, critical reasoning, creative thinking and values enhancement. Clients are provided the opportunity to identify, learn and practice skills. Through the use of improved cognitive skills clients become better equipped to change criminal behaviors and attitudes into those that are more productive and socially acceptable.
- **Cognitive Restructuring:** The method of changing thoughts, attitudes and beliefs by specifically targeting anti-social thought patterns that lead clients to "rationalize" or "justify" negative behaviors. Clients are taught to recognize how thoughts lead to feelings and actions, which may lead to anti-social behavior. The process of cognitive restructuring recognizes, challenges, and changes cognitive distortions and negative thought patterns leading clients to consider adaptive alternatives that will work better. The goal is to help clients overcome risky thinking by bringing them to a level of conscious awareness and replacing the risky thoughts with pro-social positive choices. The primary focus of this intervention is that emotions and behavior can be greatly affected by what clients think and believe. Clients are provided the tools necessary to gain a greater sense of control over their thought-feeling-behavior patterns.

The service format may follow a research and/or evidence based protocol. Service activities such as thought reports, role-playing, group discussion, games, puzzles and reasoning exercises designed to build skills and engage the clients are encouraged and should be used as appropriate. Service delivery format for each component may occur individually or in a group format. The contractor shall ensure low risk clients are not combined with medium and high risk clients in a group setting. The risk level is determined by the risk tool which is administered by the probation officer. Offender populations must be segregated by risk level, as defined by the probation department.

STANDARDS/LICENSURE REQUIREMENTS:

This service does not require an agency or individual to hold a specific license. The applicant must be able to adequately demonstrate to Maricopa County the education, training and experience relevant to the program and skill level required for effective program delivery.

UNITS OF SERVICE:

The service may be proposed by the hour, class or program depending upon the proposal format and intended delivery structure.

SERVICE GOAL:

To improve a client's ability to self-manage behaviors by recognizing the occurrence of problematic thoughts and feelings using learned cognitive skills to modify antisocial thought- feeling-behavior patterns to be pro-social.

SERVICE TASKS:

1. Utilize a written curriculum or protocol that directs the learning process and ensures consistency in service delivery. Contractor is required to submit the service/program curriculum with the service specification.
2. Contractor must have original client signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract.
3. Document client's attendance, level of participation and comprehension of the material within twenty-four (24) hours of service delivery.
4. Conduct pre and post-test of clients' comprehension of the presented topic and must be scored to ascertain the clients' attainment of written service objectives.
5. Upon request provider may be required to submit an itemized service budget and clearly document all relevant budget assumptions.

Cognitive Skills Development/Cognitive Restructuring is a multi-component intervention. Each intervention component may be used independently or in conjunction with one another.

ADDITIONAL INFORMATION REQUEST

Please indicate the program component(s) contained in the proposed service:

- Cognitive Skills Development
- Cognitive Restructuring

Proposed service/program name:

Cognitive Skills Development / Cognitive Restructuring – Adult Service Code A196

This service is designed to assist clients experiencing difficulties with decision making, problem solving and anti- social behavior within their natural environment. The intervention is designed to target what and how a client thinks, how they view the world, how well they understand people, their values, reasoning and problem solving. Clients are assisted in changing faulty thinking patterns that are related to recidivism and improving their overall functioning and community sustainability. The service intervention is multi-component focusing on cognitive skill development and restructuring. Each intervention component may be used independently or in conjunction with one another.

Cognitive Skills Development: The development of learned skills to help improve impaired cognitive functions and/or distortions with the intent of enhancing the client's ability to process and interpret information or develop strategies to improve their overall ability to function in all aspects of their natural environment. Examples of cognitive skills may include but are not limited to, problem solving, social skills, negotiation skills, consequential/sequential thinking, managing emotions, social perspective taking, critical reasoning, creative thinking and values enhancement. Clients are provided the opportunity to identify, learn and practice skills. Through the use of improved cognitive skills clients become better equipped to change criminal behaviors and attitudes into those that are more productive and socially acceptable.

Cognitive Restructuring: The method of changing thoughts, attitudes and beliefs by specifically targeting anti-social thought patterns that lead clients to "rationalize" or "justify" negative behaviors. Clients are taught to recognize how thoughts lead to feelings and actions, which may lead to anti-social behavior. The process of cognitive restructuring recognizes, challenges, and changes cognitive distortions and negative thought patterns leading clients to consider adaptive alternatives that will work better. The goal is to help clients overcome risky thinking by bringing them to a level of conscious awareness and replacing the risky thoughts with pro-social positive choices. The primary focus of this intervention is that emotions and behavior can be greatly affected by what clients think and believe. Clients are provided the tools

necessary to gain a greater sense of control over their thought-feeling-behavior patterns. Contractor uses materials from The ChangeCompanies™ to facilitate this process. The specific materials to be used will include: (but not limited to)

My Individual Change Plan - *My Individual Change Plan* demonstrates how the stages and process of change can help youth achieve the personal goals they set in the program. Participants utilize an action plan to achieve their goals in three identified problem areas.

Responsible Thinking - *Responsible Thinking* teaches participants the importance of understanding their thinking process. They examine eight thinking errors and learn to use a Filter Check to evaluate their experiences as they relate to their incoming information, thoughts and personal responses.

Attitude Check - The *Attitude Check* assists participants in exploring their current attitudes in relation to the six positive attitudes for successful change.

Filter Check - The *Filter Check* assists participants in examining their thinking process by applying it to a specific situation. This check incorporates skills which allow participants to evaluate their incoming information (five senses), thinking filters (self-talk) and personal responses (feelings and behaviors).

Action Check - The *Action Check* provides participants an opportunity to work with program staff in targeting identified problem areas. Participants explore the resources they plan to use as they take action to change.

“Thinking for A Change” program as established, designed and trained by the NICIC will be used as well. The general outline for the program includes:

- Lesson 1: Introduction and Overview
- Lesson 2: Active Listening Skill
- Lesson 3: Asking a Question
- Lesson 4: Giving Feedback
- Lesson 5: Contractor’s Thinking Controls How We Act
- Lesson 6: Paying Attention to Contractor’s Thinking
- Lesson 7: Recognizing the Thinking that Leads to Trouble
- Lesson 8: Finding New Thinking
- Lesson 9: Using Thinking Check Ins
- Lesson 10: Knowing Your Feelings
- Lesson 11: Understanding the Feelings of Others
- Lesson 12: Responding to the Feelings of Others
- Lesson 13: Preparing for a Stressful Conversation
- Lesson 14: Responding to Anger
- Lesson 15: Dealing with an Accusation
- Lesson 16: Introduction to Problem Solving
- Lesson 17: Step 1 — Stop and Think
- Lesson 18: Step 2 — Problem Description
- Lesson 19: Step 3 — Getting Information to Set a Goal
- Lesson 20: Step 4 — Choices and Consequences
- Lesson 21: Step 5 — Choose, Plan, Do Step 6 — Evaluate
- Lesson 22: Self-Evaluation: What Else Do I Need

Cognitive Skills Development / Cognitive Restructuring is most effective when delivered in a group format so that clients can benefit from the input of others who are experiencing the same challenges in these areas. Individual sessions will be offered to deliver this service if a group is not available.

Contractor provides groups in a structured format that includes the following:

All group members will receive treatment materials. Contractor adheres to copyright laws and will be ordering original materials directly from the ChangeCompanies. Clients are given one module at a time. This is to allow them time to internalize the exercises in their current module before hurrying to complete the next one. They will be expected to complete their assignments/exercises outside of group and be prepared to share their work with group. Clients can be added to groups at any time.

Group will begin with a structured check in process. Group members will be given a structured check in sheet and will be expected to complete it prior to attending group. They will be given a short time period at the beginning of group to share their check in. Check in sheets will be collected by the therapist at the end of each month and placed in the client record.

Next, group members who are ready with homework exercises will be asked to share their assignments. Upon completion of their work, group members will receive feedback from other group members. This Contractor uses a structured feedback model that includes the following:

When you were doing your work, I felt _____
I experience you as _____
I did or did not think you got the intended effect of the assignment because...
I feel MORE or LESS trusting of you because...
What I would encourage you to do is...

If it appears that the client has challenges getting the intended effect of the assignment, he or she will be given specific feedback from the therapist and group as to how they could gain a deeper experience of the assignment and will be asked to re-do it and share it again. Clients will be expected to complete all the assignments in the materials unless otherwise deemed not clinically appropriate.

SERVICE TASKS:

1. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal. Attendance (sign in logs) are filed in the client's clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
2. Contractor has an established group note that accurately documents the client's participation, level of comprehension, etc. An example of this note is in the exhibits section of this proposal.
3. Contractor will implement the pre and post-test that accompany each of these programs. A copy of the ChangeCompanies post test is submitted in the exhibits section of this proposal.
4. Contractor agrees to provide budgets if requested to do so.

Any persons providing services in this area will meet the requirements as defined by the Office of Behavioral Health Licensing as a Behavioral Health Technician or higher.

SOW 4.11

**COGNITIVE SKILLS DEVELOPMENT/COGNITIVE RESTRUCTURING –
YOUTH
Service Code J196**

SERVICE DEFINITION:

This service is designed to assist youth experiencing difficulties with decision making, problem solving and anti-social behavior within their natural environment. The intervention is designed to target what and how a youth thinks, how they view the world, how well they understand people, their values, reasoning and problem solving. Youth are assisted in changing faulty thinking patterns that are related to recidivism and improving their overall functioning and community sustainability. The service intervention is multi-component focusing on cognitive skill development and restructuring. Each intervention component may be used independently or in conjunction with one another.

- **Cognitive Skills Development:** The development of learned skills to help improve impaired cognitive functions and/or distortions with the intent of enhancing the youth's ability to process and interpret information or develop strategies to improve their overall ability to function in all aspects of their natural environment. Examples of cognitive skills may include but are not limited to, problem solving, social skills, negotiation skills, consequential/sequential thinking, managing emotions, social perspective taking, critical reasoning, creative thinking and values enhancement. Youth are provided the opportunity to identify, learn and practice skills. Through the use of improved cognitive skills youth become better equipped to change criminal behaviors and attitudes into those that are more productive and socially acceptable.
- **Cognitive Restructuring:** The method of changing thoughts, attitudes and beliefs by specifically targeting anti-social thought patterns which lead youth to "rationalize" or "justify" negative behaviors. Youth are taught to recognize how thoughts lead to feelings and actions, which may lead to anti-social behavior. The process of cognitive restructuring recognizes, challenges, and changes cognitive distortions and negative thought patterns leading youth to consider adaptive alternatives that will work better. The goal is to help youth overcome risky thinking by bringing them to a level of conscious awareness and replacing the risky thoughts with pro-social positive choices. The primary focus of this intervention is that emotions and behavior can be greatly affected by what youth think and believe. Youth are provided the tools necessary to gain a greater sense of control over their thought-feeling-behavior patterns.

The service format may follow a research and/or evidence based protocol. Service activities such as thought reports, role-playing, group discussion, games, puzzles and reasoning exercises designed to build skills and engage the youth are encouraged and should be used as appropriate. Service delivery format for each component may occur individually or in a group format. The contractor shall ensure low risk youth are not combined with medium and high risk youth in a group setting. Delinquency risk populations must be segregated in conformance of Juvenile Probation standards.

STANDARDS/LICENSURE REQUIREMENTS:

This service does not require an agency or individual to hold a specific license. The applicant must be able to adequately demonstrate to Maricopa County the education, training and experience relevant to the program and skill level required for effective program delivery.

UNITS OF SERVICE:

The service may be proposed by the hour, class or program depending upon the proposal format and intended delivery structure.

SERVICE GOAL:

To improve a youth's ability to self-manage behaviors by recognizing the occurrence of problematic

thoughts and feelings using learned cognitive skills to modify antisocial thought- feeling-behavior patterns to be pro-social.

SERVICE TASKS:

1. Utilize a written curriculum or protocol that directs the learning process and ensures consistency in service delivery. Contractor is required to submit the service/program curriculum with the service specification.
2. Contractor must have original youth signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract.
3. Document youth's attendance, level of participation and comprehension of the material within twenty-four (24) hours of service delivery.
4. Conduct pre and post-test of youths' comprehension of the presented topic and must be scored to ascertain the youths' attainment of written service objectives.
5. Upon request provider may be required to submit an itemized service budget and clearly document all relevant budget assumptions.

Cognitive Skills Development/Cognitive Restructuring is a multi-component intervention. Each intervention component may be used independently or in conjunction with one another.

ADDITIONAL INFORMATION REQUEST

Please indicate the program component(s) contained in the proposed service:

Cognitive Skills Development

Cognitive Restructuring

Proposed service/program name:

Cognitive Skills Development / Cognitive Restructuring – Youth Service Code J196

This service is designed to assist youth experiencing difficulties with decision making, problem solving and anti- social behavior within their natural environment. The intervention is designed to target what and how a youth thinks, how they view the world, how well they understand people, their values, reasoning and problem solving. Youth are assisted in changing faulty thinking patterns that are related to recidivism and improving their overall functioning and community sustainability. The service intervention is multi-component focusing on cognitive skill development and restructuring. Each intervention component may be used independently or in conjunction with one another.

Cognitive Skills Development: The development of learned skills to help improve impaired cognitive functions and/or distortions with the intent of enhancing the youth's ability to process and interpret information or develop strategies to improve their overall ability to function in all aspects of their natural environment. Examples of cognitive skills may include but are not limited to, problem solving, social skills, negotiation skills, consequential/sequential thinking, managing emotions, social perspective taking, critical reasoning, creative thinking and values enhancement. Youth are provided the opportunity to identify, learn and practice skills. Through the use of improved cognitive skills youth become better equipped to change criminal behaviors and attitudes into those that are more productive and socially acceptable.

Cognitive Restructuring: The method of changing thoughts, attitudes and beliefs by specifically targeting anti-social thought patterns which lead youth to "rationalize" or "justify" negative behaviors. Youth are taught to recognize how thoughts lead to feelings and actions, which may lead to anti-social behavior. The process of cognitive restructuring recognizes, challenges, and changes cognitive distortions and negative thought patterns leading youth to consider adaptive alternatives that will work better. The goal is to help youth overcome risky thinking by bringing them to a level of conscious awareness and replacing the risky thoughts with pro-social positive choices. The primary focus of this intervention is that emotions and behavior can be greatly affected by what youth think and believe. Youth are provided the tools necessary to gain a greater sense of control over their thought-feeling-behavior patterns.

The service format may follow a research and/or evidence based protocol. Service activities such as thought reports, role-playing, group discussion, games, puzzles and reasoning exercises designed to build

skills and engage the youth are encouraged and should be used as appropriate. Service delivery format for each component may occur individually or in a group format. The contractor shall ensure low risk youth are not combined with medium and high risk youth in a group setting. Delinquency risk populations must be segregated in conformance of Juvenile Probation standards.

This service is designed to assist youth experiencing difficulties with decision making, problem solving and anti-social behavior within their natural environment. The intervention is designed to target what and how a youth thinks, how they view the world, how well they understand people, their values, reasoning and problem solving. Youth are assisted in changing faulty thinking patterns that are related to recidivism and improving their overall functioning and community sustainability. The service intervention is multi-component focusing on cognitive skill development and restructuring.

The AZ Center for Change uses best practice models based in researched and established outcomes. The best practice model for cognitive restructuring would be in a psychoeducational group format. The program can also be delivered individually.

The AZ Center for Change uses motivational approaches to treatment beginning with the "transtheoretical model" of change. This model suggests that change occurs in stages and the intervention approaches should be tailored to the stage of change the client is in. This is done through the use of specially designed treatment workbooks.

The Change Companies® has developed COURAGE To Take Action: A Cognitive-behavioral System for Youthful Offenders. The COURAGE Program utilizes evidence-based strategies to assist youth in making positive changes to their thoughts, feelings and behaviors. COURAGE Interactive Journals address cognitive skill building and criminal thinking and behavior. The Journals allow youth to identify their readiness to change and develop personally-relevant goals.

The Facilitator Guides and Check Pad System allow for ongoing reinforcement of target skills and encourage self-efficacy and personal responsibility.

The program begins with a comprehensive assessment using a structured intake assessment form.

Based on the assessment, a recommendation will be made regarding level of care. The main program will allow the adolescent to complete a series of specially designed workbooks targeted to the stage of change he or she is in. These workbooks have been designed and evaluated by The ChangeCompanies. The adolescent will share his/her work in her assigned group and with his/her therapist.

The primary journal series is as follows:

What Got Me Here? - What Got Me Here? Explores how youths' choices have resulted in their current involvement in the juvenile justice system. Youth learn how to do an Attitude Check based on their current interaction with others.

Responsible Thinking - Responsible Thinking teaches participants the importance of understanding their thinking process. They examine eight thinking errors and learn to use a Filter Check to evaluate their experiences as they relate to their incoming information, thoughts and personal responses.

My Individual Change Plan - My Individual Change Plan demonstrates how the stages and process of change can help youth achieve the personal goals they set in the program. Participants utilize an action plan to achieve their goals in three identified problem areas.

Attitude Check - The Attitude Check assists participants in exploring their current attitudes in relation to the six positive attitudes for successful change.

Filter Check - The Filter Check assists participants in examining their thinking process by applying it to a specific situation. This check incorporates skills which allow participants to evaluate their incoming information (five senses), thinking filters (self-talk) and personal responses (feelings and behaviors).

Action Check - The Action Check provides participants an opportunity to work with program staff in targeting identified problem areas. Participants explore the resources they plan to use as they take action to change.

The Change Companies®, who developed these materials, is committed to the delivery of evidence-based products and services in a cost-effective and flexible manner. They collaborate with leading researchers, innovative program managers and hundreds of current service providers to stay on the cutting edge of change research and application models.

The power of Interactive Journaling® transcends any specific treatment or educational modality. Whether a program focuses on a Twelve-Step approach, a cognitive-behavioral model, a motivational enhancement strategy or a combination of change models, Interactive Journaling® offers a simple but dynamic delivery system for each program participant. It's the pathway individuals access to allow a change process to be understood, activated and reinforced.

Supporting Evidence-based Foundation Overview

The Change Companies®' intervention and treatment model is among the most widely replicated

behavioral change models in the U.S. It is an evidence-based, client-centered, change-focused approach. The model is founded upon leading empirical research on achieving positive behavioral change among populations engaged in high-risk behaviors. The model incorporates prevailing research on enhancing client motivation and commitment to change thinking and behavior. Collaboration with state and federal program directors and hundreds of local practitioners also informs the program development process. Annual revisions are completed on most materials to integrate local feedback and new research findings.

Goal Objective Measurement Outcome Criteria:

Goal	Objective	Measurement	Outcome Criteria
1. Decrease or eliminate delinquent behavior	Client will complete the cognitive skills/ restructuring program as designed	<ul style="list-style-type: none"> • Completed Journals • Verbal reports • PO reports • Post Test 	<p>All modules completed and signed by therapist</p> <p>Client will not engage in delinquent behavior</p>
2. Understand and personalize Stages of Change to self	<ol style="list-style-type: none"> 1. Complete and share journal “What Got Me Here?” 2. Clearly identify negative effects of delinquent behavior 3. Complete and share journal “My Individual Change Plan” 4. Verbalize an increased motivation to avoid delinquent behavior 	<ul style="list-style-type: none"> • Completed Journals • Treatment Plan • Post Test 	<p>Clients will complete required treatment assignments in a timely manner to obtain the goals and objectives</p> <p>Client will not engage in delinquent behavior</p>
3. Identify faulty thinking and beliefs that contribute to delinquent behavior	<p>Complete and share journal “Responsible Thinking”</p> <p>Identify alternative thoughts and beliefs</p> <p>During class sessions, provide at least one example of how faulty thinking and belief systems were identified and how it was dealt with</p>	<ul style="list-style-type: none"> • Completed journals • Treatment plan • Self report via verbalization during sessions • Post Test 	<p>Client will verbalize internalization of alternative, new beliefs.</p> <p>Client will show through behavior changes that new beliefs are in place.</p> <p>Client will not engage in delinquent behavior</p>
4. Identify the relationship between thoughts, feelings and choices	Complete and share journal “Attitude Check, Filter Check and Action Check” Journals	<ul style="list-style-type: none"> • Completed Journals • Treatment Plan • PO Reports • Post Test 	Client will not engage in delinquent behavior

SERVICE TASKS:

1. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal. Attendance (sign in logs) are filed in the client’s clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
2. Contractor has an established group note that accurately documents the client’s participation, level of comprehension, etc. An example of this note is in the exhibits section of this proposal.
3. Contractor will implement the pre and post-test that accompany each of these programs. A copy of the ChangeCompanies post test is submitted in the exhibits section of this proposal.
4. Contractor agrees to provide budgets if requested to do so.

SOW 5.5

SUBSTANCE ABUSE COUNSELING – ADULT
Service Codes A225, A226, A228, A229, A232 and A180

SERVICE DEFINITION:

This service provides appropriate treatment interventions to address the client's substance abuse, dependence or addiction. Services may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the client's home with the exception of multi-family group services.

Substance Abuse Group Counseling:

Sessions must be comprised predominately of process-based counseling and may contain limited psycho-educational instruction. The Contractor may use a written program but group processing must be clearly distinguished from psycho-educational instruction and the program must indicate when group processing occurs. Written program descriptions must be submitted with the service proposal for approval. All group counseling services must be open entry and exit.

The service may be provided in an individual and/or group setting. The Contractor shall ensure low risk clients are not combined with medium and high risk clients in a group setting. Appropriate placement in a group setting must be documented in the client's file.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, the service will be provided by a person who holds a Master's degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33. Documentation of professional credentials and experience with the identified client population must be maintained in the personnel file.
- Licensure is not required for those persons with a Masters degree in a Human Service related field who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

Identify and treat substance abuse issues and reduce the risk of recidivism within the cultural context of the client. Provide individualized treatment services in the least restrictive environment that addresses therapeutic goals indicated on the treatment plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, conduct an assessment and develop an individualized treatment plan that addresses the criminogenic risk and needs of the client.
3. In accordance with the individualized treatment plan, provide authorized services to the client and/or family.
4. Legibly document in client's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
5. Contractor must have original client signature on a dated attendance form for each day of service

provided. The attendance documentation must be maintained for the entire length of the contract” and made available for review if requested

6. Prepare and submit monthly progress reports to utilizing Maricopa County Department Case Manager(s).
7. Collaborate with the utilizing Maricopa County Department Case Manager(s), probation officer, client and family to prepare an individualized discharge plan for relapse prevention and sustainability following treatment. Provide a copy of the plan to the utilizing Maricopa County Department Case Manager(s).

Professional Consultation

Provide consultation services to the court that may include, but not be limited to, staffings, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in accordance with Item 4 under Service Tasks.

ADDITIONAL INFORMATION REQUEST

Do you propose to utilize a written program? If yes, Contractor must attach a program outline to specification.

Substance Abuse Counseling – Adult Service Codes A225, A226, A228, A229, A232 and A180

This service provides appropriate treatment interventions to address the client’s substance abuse, dependence or addiction. Services are provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the client’s home with the exception of multi- family group services.

The goal of this program is to identify and treat substance abuse issues and reduce the risk of recidivism within the cultural context of the client. Also to provide individualized treatment services in the least restrictive environment that addresses therapeutic goals indicated on the treatment plan. Additionally Contractor’s program treatment goal is to reduce substance abuse by implementing best practice models and treatment. Contractor strives to provide clients with tools to refuse drugs and alcohol and live a drug free lifestyle.

Contractor uses best practice models based in researched and established outcomes. The best practice model for treating substance abuse is a multisystemic model. This includes group treatment, individual treatment, family treatment, multifamily treatment and frequent urine drug screens or other drug testing.

Contractor uses motivational approaches to treatment beginning with the "transtheoretical model" of change. This model suggests that change occurs in stages and the intervention approaches should be tailored to the stage of change the client is in. This is done through the use of specially designed treatment workbooks.

The program begins with a comprehensive assessment using a structured intake assessment form. Additionally, the Client will be assessed using a standardized assessment tool (SASSI, Adult version). Based on the assessment, a recommendation will be made regarding level of care.

Substance Abuse Group Counseling: Group services are designed to be “open” meaning a person can begin the group sessions at any time. Groups are comprised predominately of process-based counseling and may contain some psycho-educational instruction. Contractor uses a standardized, well researched program that includes a series of treatment exercises and homework assignments.

5 essential program service goals including the objective, measurement and outcome criteria for each are as follows:

	Goal	Objective	Measurement	Outcome Criteria
1	Decrease or eliminate the use and abuse of drugs and/or alcohol	Client will complete the Outpatient program assigned based on risk/need and complete program as designed	1. Completed Journals 2. Urinalysis tests 3. Verbal reports 4. PO reports	1. All modules completed and signed by therapist 2. Consistent negative urinalysis tests
2	Increase awareness and understanding of the extent of Substance abuse Understand and personalize Stages of Change to self	1. Complete and share journal “Why am I here?” or “Getting Started” 2. Complete and share treatment work: Abuse or Addiction?” 3. Clearly identify negative effects of substance abuse 4. Complete and share Assignment on “commitments to treatment” 5. Complete and share journal “My Change Plan” 6. Verbalize an increased motivation to avoid substance abuse.	1. Completed Journals 2. Treatment Plan	1. Clients will complete required treatment assignments in a timely manner to obtain the goals and objectives 2. Clients will verbalize an increased motivation to stay clean and sober
3	Identify faulty thinking and beliefs that contribute to substance abuse	Complete and share journal “Faulty beliefs” Identify alternative thoughts and beliefs. During treatment sessions, provide at least one example of how faulty thinking and belief systems were identified and how it was dealt with.	1. Completed journals 2. Treatment plan 3. Self report via verbalization during treatment sessions 4. Urinalysis 5. SASSI	1. Client will verbalize internalization of alternative, new beliefs. 2. Client will show through behavior changes that new beliefs are in place. 3. SASSI will indicate decrease in use of distortions that contribute to using. 4. Urinalysis shows decreased substance abuse.
4	Improve family relationships	1. Complete and share journal “My Family” and “Personal Relationships” 2. Demonstrate accountability within personal relationships 3. Decrease family enabling of the substance abuser	1. Completed Journals 2. SASSI 3. Treatment Plan 4. Verbalizations by family members	1. SASSI will indicate an increased relationship with support system. 2. Family members will verbalize an improvement in relationship with client.
5	Develop and demonstrate internalization of a life long plan to avoid substance abuse	1. Complete and share a comprehensive relapse prevention plan 2. Identify the role of significant others in maintaining relapse prevention plan 3. Clearly identify in relapse prevention plan thinking and belief systems that contribute to poor decision making 4. During treatment sessions, provide at least one example of how faulty thinking and belief systems were identified and how it was dealt with 5. Demonstrate ability to engage in healthy activities that do not include the use of substances.	1. Completed journals 2. Urinalysis 3. SASSI 4. Client behavior and verbalization 5. Significant other reports 6. PO reports	1. Client will complete a 2. Comprehensive relapse prevention plan 3. SASSI will indicate an increase in coping skills. 4. Client shows consistency in making positive choices that do not include substance abuse. 5. Family members reports positive behavior change 6. PO reports consistent and positive behavior changes.

Substance Abuse Treatment Readiness Group:

Some clients may be referred to this type of group if it appears they are in the precontemplation stage of change. The main purpose of this group is to prepare clients for successful participation in substance abuse treatment. Contractor intends to use the ChangeCompanies materials that focus on understanding the stages of change and increasing motivation for treatment. Contributors to the creation of this journal include David Melee, MD, William Miller, Ph.D. and James Prochaska, Ph.D.

It is recommended that clients participate in group treatment minimally 2 times a week depending on individual needs. Group sessions tend to run approximately 1.5 hours depending on group size. Upon successful completion of the primary treatment program, the client will be recommended to step down to 1x a week. As the client demonstrates stability with his/her sobriety, he/she may be recommended to attend only 2x per month Step down will continue until such time the PO, therapist and other interested parties feel the client has successfully completed treatment.

Journals used for this program include:

- **Getting Started** - The Getting Started Journal emphasizes the participant's opportunities for choice and change as they enter services for alcohol and drug problems. The information and the experiential nature of the exercises in this Interactive Journal give individuals the structure and guidance to internalize important knowledge and begin applying it to their unique circumstances, experiences and hopes. A general outline of this journal includes:
 - Examining thoughts and feelings about entering substance abuse treatment
 - Identifying expectations and obstacles to self change
 - Reviewing client's drug and alcohol history
 - Evaluating the consequences of substance use and abuse
 - Learning strategies for making behavior changes
 - Writing statements of personal commitments

- **Denial** – This journal addresses why denial so hard to recognize. It explains denial and the important role it plays in keeping people addicted. Clients discover how their defenses may have kept them from recognizing the extent of damage from their chemical abuse. A general outline of this journal includes:
 - Recognizing that denial has deep roots in daily life
 - Exploring how a pattern of denial has grown
 - Examining how defenses have prevented client from seeing the full impact of substance abuse
 - Johari's Window exercise
 - Exploring ways client denies substance abuse problems

- **Changing Course** - *Changing Course* was created as a self-directed resource for clients to start the process of making positive life changes. Clients reflect on their current choices and consider the connection between alcohol, other drugs and crime. Emphasis is placed on weighing the costs and benefits of making life changes, effective strategies for successful self-change and developing a plan to follow through with the choice to change. A general outline for this journal includes:
 - Recognizing that change is possible if the client does the work necessary
 - Reflecting on "who I am" and the choices and behavior that led to current situation
 - Consider the connection between drugs, alcohol and crime
 - Exploring the damaging consequences of substance use and irresponsible behavior
 - Weigh the costs and benefits of making positive changes
 - Learn proven strategies for making positive changes
 - Consider options for making changes
 - Develop a plan for next steps in the change process

Individual Counseling:

Individual therapy is important for clients because it allows them a safe environment to disclose things they may not be ready to disclose in group or family sessions. Individual therapy is used to explore issues at a deeper level that may not be adequately addressed in group therapy.

In some cases, it may be recommended that clients participate in individual therapy as opposed to group. Again, Contractor believes strongly in individualized treatment planning.

Individual sessions will be used in the following ways:

- Assist clients with treatment work when they are having challenges that impede progress.
- Assist clients with breaking through denial or minimization that cannot otherwise be addressed in a group setting.
- Assist clients in addressing other therapeutic issues that may be affecting their progress in treatment.
- Assist the clients in better understanding their substance abuse patterns and help implement specific interventions for managing cravings and high risk situations.

Family Counseling

Family therapy is also an important adjunct to the group treatment. Family sessions can address unresolved feelings and conflict that exist as a result of the client's substance abuse. Additionally, family sessions can identify unresolved treatment issues that other family members need to address. Some issues that might be addressed might include:

- facilitating a safe environment for processing feelings related to the client's behavior
- engaging a significant other into the treatment process
- resolving issues between an offender and a significant other
- strengthen relationships
- addressing healthy lifestyle changes
- addressing family enabling issues

SERVICE TASKS:

1. Contractor review existing social history and other relevant information established in the intake assessments and uses that to determine treatment plan.
2. Treatment plans are designed with all involved parties. Contractor's treatment plan addresses the criminogenic risk and needs of the client.
3. Contractor has an established group note that accurately documents the client's participation, level of comprehension, etc. An example of this note is in the exhibits section of this proposal. Additionally, Contractor has an electronic client management system that accurately documents client clinical sessions other than group.
4. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal. Attendance (sign in logs) are filed in the client's clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
5. Contractor has a system of developing monthly reports and forwarding them to the referring agent by the 10th of the following month.
6. Contractor has an established practice of collaborating with the utilizing Maricopa County Department Case Manager(s), probation officer, client and family to prepare an individualized discharge plan for relapse prevention and sustainability following treatment. The plan is completed in two different ways. The first is through a standardized structured journal as a treatment exercise and the second way is through an official agency form and procedure with the client. A copy of the Discharge Plan Form is submitted in the exhibits section of this proposal. Contractor can provide a copy of the plan to the utilizing Maricopa County Department Case Manager(s).

Any person providing this service has the following qualifications:

- Services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. The agency currently employs at least one LISAC (Licensed Independent Substance Abuse Counselor).

SOW 5.6

SUBSTANCE ABUSE COUNSELING – YOUTH
Service Codes J225, J226, J228, J229, J232 and J180

SERVICE DEFINITION:

This service provides appropriate treatment interventions to address the youth's substance abuse, dependence or addiction. Services may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the youth's home with the exception of multi-family group services.

Substance Abuse Group Counseling:

Sessions must be comprised predominately of process-based counseling and may contain limited psycho-educational instruction. The Contractor may use a written program but group processing must be clearly distinguished from psycho-educational instruction and the program must indicate when group processing occurs. Written program descriptions must be submitted with the service proposal for approval. All group counseling services must be open entry and exit.

The service may be provided in an individual and/or group setting. 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.

STANDARDS/LICENSURE REQUIREMENTS:

- At a minimum, the service will be provided by a person who holds a Master's degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33. Documentation of professional credentials and experience with the identified client population must be maintained in the personnel file.
- Licensure is not required for those persons with a Masters degree in a Human Service related field who are employed by a licensed behavioral health agency.

UNITS OF SERVICE:

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

SERVICE GOAL:

Identify and treat substance abuse issues and reduce the risk of recidivism within the cultural context of the youth. Provide individualized treatment services in the least restrictive environment that addresses therapeutic goals indicated on the treatment plan.

SERVICE TASKS:

1. Review existing social history and other relevant information.
2. With all involved parties, conduct an assessment and develop an individualized treatment plan that addresses the criminogenic risk and needs of the youth.
3. In accordance with the individualized treatment plan, provide authorized services to the youth and/or family.
4. Legibly document in youth's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.

5. Contractor must have original youth signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract” and made available for review if requested
6. Document the delinquency risk level in the youth’s file.
7. Prepare and submit monthly progress reports to utilizing Maricopa County Case Manager(s).
8. Collaborate with the utilizing Maricopa County Case Manager(s), probation officer, youth and family to prepare an individualized discharge plan for relapse prevention and sustainability following treatment. Provide a copy of the plan to the utilizing Maricopa County Case Manager(s).

Professional Consultation

Provide consultation services to the court that may include, but not be limited to, staffings, training, expert testimony or other assistance as may be required. Client case consultation shall be documented in accordance with Item 4 under Service Tasks.

ADDITIONAL INFORMATION REQUEST

Do you propose to utilize a written program? If yes, Contractor must attach a program outline to specification.

Substance Abuse Counseling – Youth Service Codes J225, J226, J228, J229, J232 and J180

This service provides appropriate treatment interventions to address the youth’s substance abuse, dependence or addiction. Services are provided to an individual, a group of persons, a family or multi-family group and can be delivered in the office or in the youth’s home with the exception of multi-family group services. The program goals are as follows;

1. To identify and treat substance abuse issues and reduce the risk of recidivism within the cultural context of the youth.
2. To reduce adolescent substance abuse by implementing best practice models and treatment.
3. To provide adolescents with tools to refuse drugs and alcohol and live a drug free lifestyle.
4. To provide individualized treatment services in the least restrictive environment that addresses therapeutic goals indicated on the treatment plan.

Substance Abuse Group Counseling:

Sessions are comprised predominately of process-based counseling and may contain some psycho-educational instruction. Contractor uses a written program but group processing must be clearly distinguished from psycho-educational instruction and it is clearly indicated when group processing occurs. Contractor do this through Contractor’s clinical documentation. Contractor’s groups are considered “open”, meaning a youth can enter at any time.

These services can be provided in an individual and/or group setting. Contractor ensures low risk youth are not combined with medium and high risk youth in a group setting. Additionally, consideration is given to “group” youth according to their development stage (early, middle, late adolescence) and/or cognitive ability. Appropriate placement setting in a group is assessed in the intake assessment is documented in the youth’s file.

It is recommended that clients participate in group treatment minimally 2 times a week depending on individual needs. Group sessions tend to run approximately 1.5 hours depending on group size. Upon successful completion of the primary treatment program, the client will be recommended to step down to 1x a week. As the client demonstrates stability with his/her sobriety, he/she may be recommended to attend only 2x per month Step down will continue until such time the PO, therapist and CFT feel the client has successfully completed treatment.

Contractor uses best practice models based in researched and established outcomes.

The best practice model for treating youth substance abuse is a multisystemic model. This includes group treatment, individual treatment, family treatment, multifamily treatment and frequent urine drug screens or other drug testing.

Contractor uses motivational approaches to treatment beginning with the "transtheoretical model" of change. This model suggests that change occurs in stages and the intervention approaches should be tailored to the stage of change the client is in. This is done through the use of specially designed treatment

workbooks.

The program begins with a comprehensive assessment using a structured intake assessment form. Additionally, the youth will be assessed using a standardized assessment tool (SASSI, Youth version). Based on the assessment, a recommendation will be made regarding level of care. The main program will allow the youth to complete a series of specially designed workbooks targeted to the stage of change he or she is in. These workbooks have been designed and evaluated by The ChangeCompanies. The youth will share his/her work in her assigned group and with his/her therapist.

The primary journal series is as follows:

- ***Why Am I Here?*** - Why Am I Here? focuses the adolescents' attention on the problems that brought them to treatment. It begins to get clients to recognize their own feelings and the important role peers play.
- ***How We Change*** - This Journal guides participants through the stages of change. Each stage includes specific techniques that assist youth in creating personalized plans for change.
- ***Faulty Beliefs*** - Often adolescents establish beliefs that are faulty and encourage self-destructive behaviors. This unique Journal allows clients to see how their own faulty beliefs may have caused them problems.
- ***My Values*** - This Journal gives adolescents an opportunity to explore values that have influenced their lives. They also examine how they can strengthen positive values in their lives by setting SMART goals.
- ***Personal Inventory*** - Personal Inventory leads adolescents through an inventory that deals with both the positive and negative aspects of their character. Emphasis is placed on the personal gains achieved by doing a thorough inventory.
- ***Anger and Other Feelings*** - Getting a handle on their feelings helps adolescents work on their problems. This Journal assists adolescents in honestly recognizing and accepting their feelings. It includes a special focus on anger.
- ***I'm Okay*** - This popular Journal looks at how clients can improve their self-image and self-esteem by using positive self-talk, exploring their values, goal setting, sharing and taking care of themselves.
- ***My Family*** - My Family provides a close look at family issues from an adolescent's point of view. Many opportunities to describe feelings about family members, rules and behaviors are provided.
- ***Personal Relationships*** - This Journal provides adolescents with a focus on how healthy relationships are formed. It includes a special emphasis on communication skills.
- ***Living With Others*** - Adolescents focus on six important skills: communication, expressing feelings, interacting with people, accepting feedback, decision-making and establishing boundaries.
- ***Moving On*** - Moving On focuses on relapse prevention. This Journal guides participants to identify triggers that can lead them back to high-risk behaviors.

Additional treatment work may include:

- ***VOICES***: A Program of Self-discovery...and Empowerment for Girls: VOICES was created to assist adolescent girls in exploring themes of self, connection with others, health and their journeys ahead. Created by Stephanie S. Covington, Ph.D., a leading expert in women and girls' programming, this program helps young girls strengthen their sense of self and build skills for healthy development. This 80-page workbook is an interactive tool for girls to use in group or on their own.
- ***The Adolescent Family Workbook*** explains the way substance abuse influences the lives of all the people who are close to the abusing adolescent and offers concrete suggestions of ways parents can help their adolescent.

Individual Counseling:

In addition to the primary service of group treatment, clients will receive individual therapy. Individual therapy is important for juveniles because it allows them a safe environment to disclose things they may not be ready to disclose in group or family sessions. Individual therapy is used to explore issues at a deeper level that may not be adequately addressed in group therapy.

In some cases, it may be recommended that juveniles participate in individual and family therapy as opposed to group. Again, Contractor believes strongly in individualized treatment planning.

Family Therapy:

Family therapy is also an important adjunct to the group treatment. Family sessions can address unresolved feelings and conflict that exist as a result of the juvenile's substance abuse. Additionally, family sessions

can identify unresolved treatment issues that other family members need to address.

Multi-Family Group

It's been Contractor's experience that holding a monthly multifamily group is extremely beneficial for families involved in the treatment program. The multifamily group is designed to model how a typical group session is done. Families are encouraged to participate as group members. Families find it helpful to connect with other families who are experiencing the same issues. Multi family group is also an excellent forum to provide any educational aspects of substance abuse.

Treatment Amount: (Estimated)

- 2x per week in group for a total of 3 hours
- Individual and/or family therapy 1x a week for a total of 1 hour
- Family Group 1 hour a month
- Estimated time in program: 14 hours per month for a total of 6-8 months

#	<u>Goal</u>	<u>Objective</u>	<u>Measurement</u>	<u>Outcome Criteria</u>
1	Decrease or eliminate the use and abuse of drugs and/or alcohol	Client will complete the intensive outpatient program as designed	Completed Journals Urinalysis tests Verbal reports PO reports	All modules completed and signed by therapist Consistent negative urinalysis tests
2	Increase awareness and understanding of the extent of Substance abuse Understand and personalize Stages of Change to self	Complete and share Assignment on "commitments to treatment" Complete and share journal "How we Change" Verbalize an increased motivation to avoid substance abuse treatment" Complete and share journal "How we Change" Verbalize an increased motivation to avoid substance abuse.	Completed Journals Treatment Plan	Clients will complete required treatment assignments in a timely manner to obtain the goals and objectives Clients will verbalize an increased motivation to stay clean and sober
3	Identify faulty thinking and beliefs that contribute to substance abuse	Complete and share journal "Faulty beliefs" Identify alternative thoughts and beliefs. During treatment sessions, provide at least one example of how faulty thinking and belief systems were identified and how it was dealt with.	Completed journals Treatment plan Self report via verbalization during treatment sessions Urinalysis SASSI-(Adolescent version)	Client will verbalize internalization of alternative, new beliefs. Client will show through behavior changes that new beliefs are in place. SASSI will indicate decrease in use of distortions that contribute to using. Urinalysis shows decreased substance abuse.

4	Improve family relationships	<p>Complete and share journal “My Family” and “Personal Relationships”</p> <p>Demonstrate accountability within personal relationships</p> <p>Decrease family enabling of the substance abuser</p>	<p>Completed Journals</p> <p>SASSI-(Adolescent version)</p> <p>Treatment Plan</p> <p>Verbalizations by family members</p>	<p>SASSI will indicate an increased relationship with support system.</p> <p>Family members will verbalize an improvement in relationship with client.</p>
5	Develop and demonstrate internalization of a life long plan to avoid substance abuse	<p>Complete and share a comprehensive relapse prevention plan (journal: “moving on”).</p> <p>Identify the role of significant others in maintaining relapse prevention plan</p> <p>Clearly identify in relapse prevention plan thinking and belief systems that contribute to poor decision making During treatment sessions, provide at least one example of how faulty thinking and belief systems were identified and how it was dealt with</p>	<p>Completed journals</p> <p>Urinalysis</p> <p>SASSI-(Adolescent version)</p> <p>Client behavior and verbalization</p> <p>Parent/caretaker reports PO reports</p>	<p>Client will complete a comprehensive relapse prevention plan</p> <p>SASSI will indicate an increase in coping skills.</p> <p>Client shows consistency in making positive choices that do not include substance abuse.</p> <p>Family members reports positive behavior change</p> <p>PO reports consistent and positive behavior changes.</p>
		<p>Demonstrate ability to engage in healthy activities that do not include the use of substances.</p>		

Contractor utilizes to decrease risk factors and increase protective factors in the following domains:

Individual

Constructive Use of Time It is assumed that when the youth was engaging in substance abuse, he was using his free time in this way. Youth in this program will be encouraged through their relapse prevention plan to identify and engage in substance free activities with substance free peers. They also will be encouraged to develop healthy hobbies and activities. This might include involvement in church activities, sports or other activities.

Family:

This area focuses on family communication, family support, family involvement in all aspects of the youth's life. Contractor's program encourages family support through family therapy sessions, family night at group and family participation in the juvenile's treatment. Many of the treatment assignments involve the parents. The therapist will work with the family members to assist them in supporting without enabling or rescuing.

Peer:

Youth will be encouraged to establish positive peer relationships. This can be done by using group members to practice new skills. Youth will be encouraged to evaluate peers as to whether they are a positive or negative influence related to their substance abuse.

School/employment:

School contacts will be incorporated into the treatment as needed. Additionally, youth will be encouraged to complete all school requirements as part of living a responsible life.

Community:

Youth will be encouraged through the treatment work to consider how their behaviors and choices have impacted the community at large. They will be encouraged to develop a plan for a project to "give back" to the community. This may be done by having the more advanced youth assist and mentor new youth who come into the program.

SERVICE TASKS:

1. Contractor review existing social history and other relevant information established in the intake assessments and uses that to determine treatment plan.
2. Treatment plans are designed with all involved parties. Contractor's treatment plan addresses the criminogenic risk and needs of the client.
3. Contractor has an established group note that accurately documents the client's participation, level of comprehension, etc. An example of this note is in the exhibits section of this proposal. Additionally, Contractor has an electronic client management system that accurately documents client clinical sessions other than group.
4. Contractor has a daily treatment log form that clients use and has the original client signature with dated attendance for each day of service provided. This form can be viewed in the Exhibits section of this proposal. Attendance (sign in logs) are filed in the client's clinical record and kept for a duration established by the standards of this contract. They are made available for review if requested.
5. Contractor has a system of developing monthly reports and forwarding them to the referring agent by the 10th of the following month.
6. Contractor has an established practice of collaborating with the utilizing Maricopa County Department Case Manager(s), probation officer, client and family to prepare an individualized discharge plan for relapse prevention and sustainability following treatment. The plan is completed in two different ways. The first is through a standardized structured journal as a treatment exercise and the second way is through an official agency form and procedure with the client. A copy of the Discharge Plan Form is submitted in the exhibits section of this proposal. Contractor can provide a copy of the plan to the utilizing Maricopa County Department Case Manager(s).

Any person providing this service has the following qualifications:

- Services will be provided by a person who holds a Master's degree and is licensed at the independent practice level by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant A.R.S. Title 32, Chapter 33.
- The Agency is a licensed by OBHL and, therefore, may use Master degreed associate level licensed clinicians or clinicians who meet the requirements as a Behavioral Health Clinician. The agency currently employs at least one LISAC (Licensed Independent Substance Abuse Counselor).

DIANE GENCO, DBA: AZ CENTER FOR CHANGE, 4205 N. 7TH AVE. #311, PHOENIX, AZ 85013

PRICING SHEET: NIGP CODE 95243

Vendor Number: 2011003440 0

Certificates of Insurance Required

Contract Period: To cover the period ending **August 31, 2016 2017.**