

Community Provider of Enrichment Services (CPES)

Program Description – HOMESTEAD A Level 2 Behavioral Health Setting

Statement of Purpose

'Homestead' is a new program developed by Community Provider of Enrichment Services (CPES), a human services agency serving children and adults with behavioral health and developmental disabilities diagnoses in settings throughout the state of Arizona. Homestead is a Level 2 Behavioral Health Setting licensed through the Arizona Office of Behavioral Health Licensing (OBHL). The program serves children, ages 10 to 17 years of age, with behavioral health and/or developmental disability diagnoses. Homestead is designed to assess and stabilize youth in crisis and to develop discharge plans and strategies intended to safely return the child to the community as quickly as possible. The anticipated average length of stay is two to four weeks.

The Homestead facility is located in rural Pinal County, about five miles west of the city of Casa Grande, Arizona, (about 45 minutes from downtown Phoenix and one hour from downtown Tucson). It is a 6,500 square foot facility situated on 4.5 acres of land.

Program Design:

Homestead is an five bed facility licensed through OBHL. The program is staffed 24 hours per day/365 days per year with an average staff to client ratio of one staff to two clients.

A Program Director supervises overall facility operations, including supervision of direct care staff; the Homestead Clinical Director provides clinical support and clinical supervision to program management, clinical personnel and direct care staff. All program management and direct care staff are qualified Behavioral Health Technicians or Behavior Health Paraprofessionals. Clinical personnel are qualified at the Behavioral Health Professional level.

The facility can accommodate males and females between the ages of 10 and 17 years old, providing age and gender appropriate segregation and supervision, with co-ed dining, recreational, and therapy resources.

The Program focuses on serving youth in crisis who need stabilization, assessment, therapeutic services, and discharge planning and support in a structured, safe and supportive environment, with the goal of transition back to the family, foster family, group home, or other community setting.

Subclass:

Homestead is a Level 2 Behavioral Health residential setting for youth, ages 10-17 years, with complex needs and behavioral health and/or developmental disability diagnoses.

The facility can serve up to five clients (males and females) who require stabilization, assessment, behavioral health treatment and support in transitioning back to the community.

Program Goals:

The overall goal is to stabilize and assess youth with intense behavioral disorders, provide treatment and clinical interventions designed to minimize future disruptive behaviors, and to assist with the transition back to the community.

Other Goals:

1. To provide stabilization, assessment and discharge planning services for youth we serve, by delivering the highest quality of professional assessment, counseling, consultation, and staff development services.
2. To increase client ability to differentiate between biological based symptoms of illness and cognitive-behavioral based reactions.

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3. To increase client coping skills, self-awareness and problem-solving skills.
4. To help clients begin to develop mastery over thought and behavior patterns that lead to feelings of being out of control, overwhelmed, hopelessness, and at the mercy of self-defeating thoughts.
5. To increase client ability to identify personal vulnerabilities and stressors in order to develop supportive self-care patterns and prevent crisis states.
6. To increase client ability to function at an increasing level of healthy independence.

Treatment Goals:

Treatment goals are developed individually with an emphasis on functional behavior assessment and social support as well as transition to the community or a less restrictive setting as soon as possible. The average length of stay is 2-4 weeks. Individual goals and objectives are criterion-based with measurable outcomes. Each objective is developed via the team process with child, family member, case manager, Behavioral Health Professional and direct care staff input. Progress toward individual objectives is measured and documented through daily progress notes.

The environment is based on a therapeutic daily routine with full participation of all clients, who are encouraged to seek success in all their endeavors through active problem solving. Clients are further encouraged to take responsibility for their own well-being and for their contribution to the group and milieu. Staff assists residents in developing skills integral to a return to community living.

Behavioral Health Services Offered

A. Counseling Services:

Individual, group and family counseling services are offered, the modality based on needs identified in individual treatment plans. Counseling focuses on improving, eliminating, or managing one or more of a client's behavioral health issues. Counseling may focus on an individual's condition related to a mental disorder, personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors. Counseling is provided according to the frequency and number of hours identified in the client's treatment plan. Group therapy is conducted daily, focusing on but not limited to: effective coping skills, family issues, behavior management, stress management, self awareness, substance abuse and self-medicating.

Individual and family counseling are both offered, dependent on client needs as identified in the individual treatment plan. Behavioral Health Professionals and/or Behavior Health Technicians provide this service and are documented in each individual's file. Notes are maintained in accordance to the appropriate sections of OBHL Rule R9-20-302, Supplemental Requirements for Counseling. In addition, Master's level counselors are available for individual or group consultation. Consultation will be done upon written request from the Network Provider's Case Manager.

All services are provided at the setting with the exception of family visits, which may be conducted at the family home or foster family home. The purpose of family visits is to assess the functioning level of the family and to work with the family in developing effective discharge and aftercare strategies.

B. Assistance in the Self-Administration of Medication:

Staff members provide daily assistance with the self-administration of medication. Staff are trained in the use of psychotropic medication, drug interactions, side-effects, procedure for supervising clients as they

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take their medications, and specific dosage and times of taking medications for each individual medication regime.

Additional services include education and support in the following areas as applicable to the individual needs of the client, and provided as needed and specified in the client's treatment plan:

1. Relapse Prevention focuses on coping skills as an educational service to enhance awareness and prevent future relapse and/or hospitalization.
2. Daily living skill development/refinement that includes hygiene, grooming, laundry, housekeeping, meal preparation, nutrition, and mobility.
3. Community Meeting – addresses administrative issues, housing issues, and recreational issues which could increase self-advocacy skills.
4. Intervention Techniques may be utilized to provide on-going support which will provide Care, Welfare, Safety, and Security.
5. Skill training would be accomplished through the use of recognized teaching techniques. This may include skill plan development (task analysis), shaping, reinforcement, fading, and generalization training.

A daily community meeting is held in order to accomplish activity planning, problem solving and resolution of interpersonal conflict.

Individuals Served

Services are provided to children ages 10 through 17 years with behavioral health and/or developmental disability diagnoses. Homestead serves as an assessment and stabilization program for those who need a safe environment at which to temporarily reside while resolving crises at home or in the community. Clients frequently have a history of behavioral health illness and maladaptive behavior, including aggression, self-injurious behavior, property destruction, and running away. Some clients may have a co-occurring disorder, including substance abuse problems, which will be addressed in treatment, though detoxification services are not provided.

Hours/Days of Operation

The Homestead program is staffed 24 hours a day, seven days a week. Behavioral Health services are provided 24 hours a day throughout the year. Emergency situations for which the on-site staff needs assistance are routed through an on-call cell-phone system.

Agency administrative offices are located at 4825 N. Sabino Canyon Road, Tucson, AZ. 85750, telephone 520 884-7954. Administrative offices are open Monday thru Friday from 8:00 am to 5:00 pm. After hour emergencies are routed through an on-call cell phone system, accessed by calling the main number (520 884-7954). Administrative offices are closed weekends and for the following holidays: New Year's Day; Martin Luther King, Jr. Day; President's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day; Thanksgiving Friday; and Christmas Day.

Service Location

The program is located at 14921 W. Camdon Dr., Casa Grande, AZ 85294-7207. Regular office hours are Monday-Friday 9am-5pm. The residential hours of operation are 24 hours a day, 365 days a year. Staff can be reached by phone 24 hours a day should someone call during non-office hours.

Criteria for Homestead Referrals and Admission:

1. Admission and re-admission:
 - A. Referrals and subsequent admissions are typically made through Regional Behavioral Health Authorities (RBHA's), Provider Network Organizations (PNOs), State of Arizona

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Agencies, or other governmental agencies or entities. Homestead will consider clients for admission from any referral source, provided the client meets admission criteria including the preauthorization of funding for all services.

- B. To meet admission/readmission criteria the individual must:
1. Be between the ages of 10 and 17.
 2. Require twenty-four hour on-site supervision and be unable to safely manage in a less restrictive setting.
 3. Exhibit behaviors and symptoms that can, in the opinion of the treatment team and the CPES Clinical Director, be effectively treated by behaviorally indicated treatment at this level of care.
 4. Possess the capacity to participate in self-administration of medication (when applicable).
 5. Be approved for treatment at the Homestead facility by the appropriate funding /referral source.
 6. Not have mobility or sensory impairments, or other physical disabilities beyond the ability of the agency to accommodate.

Admission and Re-admission criteria are identical.

2. Waiting List:

On occasions when the program is at a 100% occupancy rate, CPES-Homestead will develop a waiting list. At those times, clients who meet admission criteria will be placed on the list and will be admitted when openings occur, based on a 'first come- first served' schedule.

3. Referrals and Transfers:

Referrals to another agency or entity are made based on clinical needs and/or at the request of the client's parent or guardian. Homestead staff will assist clients in obtaining referral services which will be authorized and facilitated by the referring/funding agency. Upon transfer, and when requested and accompanied by written authorization, a copy of client medical records are released to the receiving agency. Transfers are considered when:

- A. The client's treatment goals are achieved, as documented in the client's treatment plan
- B. The client's behavioral health issues or treatment needs become inconsistent with the behavioral health services that the agency is authorized or able to provide
- C. The client's parents or guardian withdraw the child from treatment
- D. The client's therapeutic needs change and the program is no longer appropriate to meet those needs
- E. The referring/funding agency's case management team ends service authorization.

4. Discharges – Voluntary and Involuntary

Discharges are determined and coordinated with the treatment team, the referring/funding agency's case management department, the client and parent/guardian. Discharging a client is considered:

- A. When the client's treatment goals are achieved, as documented in the client treatment plan
- B. When the client's behavioral health issues or treatment needs are not consistent with the behavioral health services that Homestead is authorized or able to provide
- C. The client's parent/guardian voluntarily decides to withdraw the client from treatment
- D. The client's therapeutic needs change and the program is no longer appropriate to meet those needs
- E. The referral/funding source no longer authorizes additional services.
- F. The client loses funding and is unable to pay for further services

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In conjunction with the referring/funding agency, Homestead will provide the client written referral for treatment or ancillary services that the client may need after discharge.

5. Declining to Provide Services

The Homestead program will decline to provide behavioral health services or treatment based on the following criteria:

- 1) The client does not meet admission/readmission criteria as specified in the Homestead program description.
- 2) The program is filled to capacity, which would result in placement on a waiting list.

Employee Qualifications, Experience, Training and Skills:

Staff providing services at this setting will meet the appropriate requirements of DHS R9-20-204 and 206. Staff job titles are Behavioral Health Professional, Behavior Health Technician or Behavioral Health Paraprofessional. Behavior Health Professionals will develop treatment plans and provide clinical supervision, assessment, counseling and case management support. Behavioral Health Technicians will provide case management, treatment and supervision to clients and monitor the activity of the Behavior Health Paraprofessionals. Behavioral Health Paraprofessionals will assist in daily client care and living skills development.

A copy of the job description for the Behavioral Health Professional, Technician and Paraprofessional positions are attached for further information regarding qualifications related to education, experience and skills and knowledge. Behavior Health Technicians will have knowledge of relevant areas such as co-occurring disorders, behavioral health issues, and Blood borne pathogens. All new personnel must complete one week of classroom training including but not limited to the following courses: Agency Orientation; Agency Philosophy; CPR/First Aid; Client Rights; Individual Treatment Plans; Medication Procedures; Incident Reports; overview of current behavioral health issues; review of behavioral health symptoms and diagnoses. After completing the initial week of training, the agency provides ongoing mandatory in-service training and on-the-job training to further develop and enhance staff competencies in dealing with the specific concerns and issues with which Homestead clientele present.

Fee Payment and Refund Policy:

The cost of services provided at Homestead is covered by contracts and agreements the agency has in place with referring/funding entities. Because of this practice, the agency does not have policies and procedures governing receiving and refunding fees from clients or their parents/guardians

Provision for Special Needs and non-English speakers

Homestead does not have specific provisions in place to accommodate the special needs of those with mobility impairment, sensory impairment, hearing impairment, or other physical disability. Upon referral, Homestead staff will make every reasonable effort to meet the special needs of all clients.

Homestead does not have specific provisions in place for non-English speaking clients. Upon referral, Homestead staff will make every reasonable effort to meet the special needs of non-English speaking clients. If, in the opinion of the Program Director, Homestead is unable meet the special needs of a client, the referral will be returned to the case manager with a written response of denial of services with the reason for denial.

The Homestead Facility is not equipped or licensed to provide treatment in a secure facility.

Use of Emergency Safety Response

Homestead employees may use an Emergency Safety Response, in accordance with the provisions listed in OBHL rule R9-20-216. In part, this rule states that it is to be used only in an emergency that is an immediate threat to the life or health of a consumer or other individual; when less restrictive methods have been attempted and were unsuccessful; for the shortest possible duration of time needed to bring

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the consumer's behavior under control or to prevent harm to the consumer or another individual and not longer than five minutes. Emergency Safety Response training is provided by in-house trainers certified by the Crisis Prevention Institute in non-violent crisis intervention.

Staff/Client Ratios

The number of staff on duty at any particular time is determined by the number of clients present, the acuity of individual clients and the program milieu, with the overriding determinant being client safety and well-being. Typical staff/client ratio is one staff to two clients for day, evening and night shifts.

Client Funds

The Homestead program does not manage client funds through personal funds accounts or any other means.

Quality Management and Assurance

Comprehensive quality assurance reviews are conducted on an ongoing basis throughout the year. Reviews include checks of the physical setting, health and safety issues, client records and charts and regulatory compliance. The CPES Quality Assurance Manager, in conjunction with Homestead staff and management, are responsible for QA reviews and monitoring. Reports identifying specific program strengths, needs and, when necessary, requests for action plans to implement corrections, are available for stakeholder review.

Clinical Supervision

Clinical Supervision is conducted by a Behavior Health Professional in accordance with the guidelines specified in the appropriate section of R-9-20-204.

Staff meetings are held every other week.