

Required Documentation and Information for the Successful Completion of the WRAP Application

Please submit the below documents in FIVE (5) PDFs as outlined below and label each PDF according to the labels below.

PDF One (1)- Administration

- Copy of Business License
- Organizational Chart
- Counties that your organization will serve.
- The services that your organization will offer/provide.
- Are you a Medicaid Approved Provider? If yes, provide letter of approval.
- Are you an IFI provider in Georgia? If yes, provide the letter from DBHDD stating such.
- List of staff and their corresponding Credentials and Resumes
- Photos of Provider Setting (if services are provided onsite)
- Service Provision Plan (from Intake to Discharge)
- Curriculum and treatment modalities supported by Evidence Based Practices
- Breakdown of Service Costs per youth/per hour/per day

PDF Two (2)- Policies and Procedures

- **PREA Policy-**
 - Review the link to the DJJ PREA Policy and the DJJ PREA Policy Checklist for areas that must be addressed in the PREA Policy.

PDF Three (3)- Policies and Procedures

- Policies and Procedures Manual including but not limited to:
 - Behavior Management Policy and Procedures (if services are provided onsite)
 - Grievance Policy and Procedures to include the Youth Ombudsman process to hear youth grievances.
 - Incident Reporting Policy and Procedures
 - Disaster Response Policy and Procedures (please include disaster location and MOU)
 - Transportation Policy and Procedures (if applicable)
 - Supervision Policy and Procedures (if services are provided onsite)
 - Admission and Orientation Policy and Procedures
 - Discharge Policy and Procedures
 - Sample Copy of an Individualized Service Plan & Discharge Summary
 - Program Evaluation Policy and Procedures

PDF Four (4)- Vendor Management Forms

- Vendor Management Forms
 - W-9 Form
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PDF Five (5)- Contract Proposal

Contract Proposal

Submit a Contract Proposal which includes a cover letter signed by the owner and a 1–5-page document stating how you propose to address the Department of Juvenile Justice Scope of Services as outlined in the Department of Juvenile Justice WRAP Contract.

Below is a copy of the Scope of Services as specified in the Department of Juvenile Justice contract for WRAP services. The Contract Proposal should reflect the requirements as described in the Department of Juvenile Justice Scope of Services.

SCOPE OF SERVICES:

A. The Contractor shall meet the following requirements:

1. The Contractor will provide evidence-based wrap-around programs to juvenile offenders and their families with special needs and behavioral health conditions who are between the ages of twelve (12) and twenty-one (21) referred by the Department.
2. Over the course of twenty-four (24) weeks, each enrolled DJJ youth will participate in weekly individual sessions designed to build moral values, strengthen decision-making skills, and modify anti-social beliefs with the focus on preventing juvenile offending behavior by stopping the breakdown of self-regulation, as measured through moral disengagement.
3. All Treatment Coordinators will have a bachelor's or master's degree in Social Services, Counseling, Human Development, Criminal Justice, or Mental Health and preferably two (2) years of experience in working with behaviorally challenged youth and their families. The Program Director must have a minimum of a master's degree in the Human Services field and at least five (5) years of experience working with behaviorally challenged youth and their families as well as at least three (3) years supervisory and program management experience.
4. Providers must employ clinically licensed staff with an LCSW, LMFT, or LPC granted by the state of Georgia's Composite Board of Counselors, Social Workers and Marriage and Family therapists (as well as be in good standing with that authority) to oversee and meet programmatic standards. DJJ has the final decision to approve or disapprove any staff and/or sub-contracted providers.
5. The vendor will utilize evidence-based practices (or practices undergoing evaluation which have a strong indication of being successful) to address the basic care and criminogenic needs of youth placed in their program. DJJ will provide the results of the criminogenic risk and needs assessment as a basis for identifying a youth's individual needs. The vendor will describe the specific interventions to be used and cite the evidence showing success with the population and issue for which it is being delivered.

B. The Department agrees to:

1. Provide programmatic oversight through the Office of Residential and Community Based Services in the Division of Community Services.
2. Provide to the Contractor all supplemental documentation as it impacts the service plan goals of each child.
3. Provide the Contractor with timely notification of any procedural or policy change impacting service delivery, case documentation or reporting.
4. At the time of each referral, make available to the Contractor, the Case Expeditor (CE)/Community Case Manager (CCM)/Residential Placement Specialist (RPS) telephone access numbers, fax machines, and email addresses.
5. Notify the Contractor of any meetings, staffing's, court hearings or any other collaborative meeting regarding the child and/or family.
6. Reimburse the Contractor in a timely manner for services provided under this contract. Payment will begin when admission documentation is completed and signed by parents, this does not include the initial contact to set up the appointment. If in the event a youth is no longer residing in the community or is not participating in services, the referring Department staff will notify Contractor of such, and the services and payments will discontinue upon notification of such to the Contractor.
7. Review for approval, and when approved, process all vendor invoices for payment.
8. Provide a detailed Service Plan, and if warranted, Safety Plan for each youth admitted to the Contractor's program.
9. Conduct announced and unannounced program audits of all contractual requirements to include bi-annual review of personnel files and open and closed files of currently served and discharged youths during the review timeframe and complete a report that will summarize performance compliance, strengths, and areas of concerns.

Deliverables:

The Contractor must:

For purposes of this Section reference to a Department Representative is the RPS or CE that initiates the referral or other Department persons as applicable. To ensure that the Department and the Courts' needs are met, our formalized expectations are as follows:

1. Contractor must contact the referred youth and guardian within twenty-four (24) business hours of the referral to begin services. If contact with youth and guardian has not been made after the

specified hours, the referring DJJ staff should be contacted, and the youth put on hold. During this time, no payments will be provided.

2. Telephone and email confirmations to the Department Representative must occur to confirm start-up of services.
3. A minimum of one (1) therapeutic contact a week is required. The remaining two (2) contact types will be determined by the service plan needs.
4. Additional weekly contacts must be justified and requested in writing to the approving RPS/CE.
5. Contacts should not exceed two (2) hours per session without prior approval from the approving RPS/CE.
6. Develop written Progress Reports minimally once every two weeks and submitted monthly to the assigned Department Representatives assigned to the youth's case.
7. Submit a written discharge summary to the Department Representatives.
8. For any unplanned discharges, the Contractor may request approval for the case to remain active if all parties agree to such to assist the youth and family with stated needs. Such requests must come from the approving Department Representative. (i.e., for discharge due to run away, loss of life, detention in a juvenile or adult detention center and/or refusing to participate in the service.
9. Monthly progress reports and invoices should arrive to the Department Representative's office by the 5th workday of the following month. Progress reports and invoices must be accompanied by a log of actual visits by dates and hours.
10. Visits must be face to face direct contact with the youth and family. Payment will only be made for direct contact with the youth. Other forms of contact with youth and family must have prior approval from DJJ.
11. Contractor must contact all families at the one (1) month and the six (6) month intervals following case closure to assess improvement or lack of in the youth's functioning, such as school, mental health, and Department's involvement.
12. Contractor will work to develop partnerships within the community with organizations appropriate for youth. Prior to closing the case, Contractor will make a referral to a mental health provider for continuation of services, if needed.
13. Contractor services will be available during flexible hours to meet the needs of the youth assigned to the program.

14. Contractor will make available ancillary funds, as needed, to assist with meeting the individualized service plan developed to meet the youth and family needs.
15. Contractor and family shall establish the specific responsibilities of all parties based on the youth and families' needs. The assigned responsibilities will vary with each youth and family and will change as the youth and family's situation changes.
16. Contractor will provide each family an entrance and exit survey to ensure the collection of data used in assessing improvement or lack of, in areas impacting youth's functioning, such as school, mental health, and Department's involvement.
17. Contractor must maintain separate case files of each youth\family served, regardless of outcomes at case closure.
18. Contractor shall maintain the data necessary to assist DJJ to assess Contractor's success in achieving the established outcomes of this contract.
19. Contractor must ensure that all employees transporting youth must have a current and valid driver's license to transport DJJ clients. In addition, Contractor's employees must have automobile liability insurance to include auto, hired autos, and unowned automobile insurance. Contractor must meet all "State of Georgia" insurance requirements and ensure that automobile coverage is current.
20. Contractor will provide quarterly continuous improvement case review results to DJJ Operations Support Manager (OSM) within the 45 days of the close of the previous quarter.
21. Contractor will develop a tracking system for all referrals and submit a referral tracking report with the monthly progress and invoices by the 5th of the month to the RPS and CE of each DJJ placed youth.
22. Contractor must ensure and verify all staff resumes and background checks must be completed, submitted, and approved prior to staff providing services under this contract.
23. The Service Plan for the youth and family must include clearly defined tasks and goals. The plan will clearly state tasks to obtain goals, the identified person(s) to complete the tasks, and the deadline for each task to meet the goal.

Services provided include:

A. IN-HOME INTENSIVE TREATMENT

Purpose: The purpose of In-Home Intensive Treatment is to provide therapeutic and/or clinical services for a family in preparation for the safe return of a child and/or to maintain and stabilize a child's current placement.

Service Activities: Activities include, but are not limited to providing direct services for the child, therapy and/counseling, mental health evaluations for the child, anger and stress management/counseling, coordinating community services, advocating for service provisions, monitoring placements for safety following aftercare, tutorial program, drug treatment and support services for the child; therapy and/counseling; mental health evaluation, behavior aides, for the child; grief management; loss and/or separation issues; discipline issues, etc.

Note: The specific in-home services/activities may be based on the recommendations of a licensed professional (e.g., Psychiatrist, Psychologist, Physician) and/or court order.

On Call: Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits, as necessary. The provider is also responsible for ensuring the provision of clinical services in the home.

Provider Qualifications: In-Home Intensive Treatment must be completed by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology. Individuals with a master's degree must be under the supervision of an LCSW, LPC or LMFT and may provide In-Home Intensive Treatment. In this case, the Wrap-Around Services monthly reports require two signatures, the licensed supervisor's, and the master's level clinician assessors.

B. IN-HOME CASE MANAGEMENT

Purpose: The purpose of In-Home Case Management is to provide case management assistance for the youth.

Service Activities: Activities include, but are not limited to, providing direct services; coordinating community services; advocating for service provision; monitoring placements for safety and (Aftercare); drug screening tutorial program; behavior aides for child; parent aide services (paraprofessional) and/or parenting classes; transportation services; coordinating and facilitating family conferences, discipline issues; translation services; sign language services; etc.

Note: The specific in-home services/activities may be based on the recommendations of a licensed professional (e.g., Psychiatrist, Psychologist, Physician) and/or court order).

The RPS or CE will specify in a written referral, the activities/services to be delivered by the provider, along with expectations for the provider to make weekly face-to-face contacts with the child. The CCM, RPS/CE will receive monthly progress reports.

On Call: Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits, as necessary.

Provider Qualifications: A Bachelor's level education in Social Work, Counseling, or Psychology or a related field is needed for most (see paraprofessional for exceptions) activities/services. The Bachelor's level individual must sign all Wrap-Around documentation forms as well as the supervising

licensed professional. The paraprofessional / Behavior Aide is an individual who does not have a degree but has both the skills and knowledge necessary to provide parent aide services.

C. CRISIS INTERVENTION TO PREVENT PLACEMENT DISRUPTION

Purpose: Crisis Intervention to stabilize a volatile family situation where safety of the child is not an issue.

Service Activities: Activities include, but are not limited to, coordinating community services; advocating for service provision to child and family; monitoring aftercare; therapy and/or counseling; domestic violence counseling; anger and stress management/counseling; behavior aides for child; parenting classes; coordinating and facilitating family conferences; grief management; loss and/or separation issues; discipline issues; translation services; sign language services; etc.

Note: The specific activities/services may be based on the recommendations of a licensed professional (e.g., Psychiatrist, Psychologist, Physician) and/or court order.

The RPS or CE will specify in a written referral the activities/services to be delivered by the provider, along with the frequency of face-to-face contacts by the provider with the child. The RPS/CE will receive monthly progress reports.

On Call: Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits as necessary. The provider is also responsible for ensuring the provision of clinical services in the home.

Provider Qualifications: Crisis Intervention to Prevent Placement Disruption must be completed by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology. Individuals with a master's degree must be under the supervision of an LCSW, LPC or LMFT may provide Crisis Intervention to Prevent Placement Disruption. In which case the Wrap-Around Services monthly reports require two signatures, the licensed supervisor's, and the master's level clinician assessors.

D. CRISIS INTERVENTION FOR BEHAVIORAL MANAGEMENT

Purpose: Crisis Intervention for Behavioral Management provides an immediate service to stabilize and manage the behavior of a child.

Service Activities: Activities include, but are not limited to, coordinating community services; advocating for service provision to child and family; monitoring aftercare; therapy and/or counseling; domestic violence counseling; anger and stress manage/counseling; behavior aides for child; parenting classes; coordinating, and facilitating family conferences; grief management; loss and/or separation issues; discipline issues; translation services; sign language services; etc.

Note: The specific in-home services/activities may be based on the recommendations of a licensed professional (e.g., Psychiatrist, Psychologist, Physician) and/or court order.

The RPS or CE will specify in a written referral the activities/services to be delivered by the provider, along with the frequency of face-to-face contacts by the provider with the child. The CCM, RPS /CE will receive monthly progress reports.

On Call: Providers must be on-call 24 hours a day, 7 days a week, including telephone contact and home visits, as necessary. The provider is also responsible for ensuring the provision of clinical services in the home.

Provider Qualifications: Crisis Intervention for Behavior Management must be completed by an individual with a minimum of a master's level of education in Social Work, Counseling, or Psychology. Individuals with a master's degree must be under the supervision of an LCSW, LPC, or LMFT may provide Crisis Intervention for Behavior Management. In this case the Wrap-Around Services monthly reports require two signatures, the licensed supervisor's, and the master's level clinician assessors.

E. ASSESSMENTS

Purpose: To develop goals and objectives for an individualized service plan for youth and/or family.

Service Assessment: The Department's prior approval is required before assessments are performed. The following must be included in the assessment: reason for referral, family background, housing, school information, employment, financial issues, health and wellness, mental health diagnosis and/or medication, legal issues, substance abuse issues past and present, physical/sexual abuse, parents perception of child/children, child's perception of parent(s), limit setting skills, discipline used in family, parent/s relationships, clinical observations of family, child care giver interaction, extended family, professional resources, natural supports, and issues jeopardizing stability.

Service Activities: Service plan must be developed to include a recommendation of needs. Service plan must be provided to the supervising DJJ CCM, RPS, and/or CE.

Provider Qualifications: A licensed professional must complete assessments. A licensed-eligible professional may complete an assessment if supervised by a licensed professional.