



Regional Behavioral Health Authority (RBHA)
Instructions for Completing the
Children's Level II and III Residential Services Review Tool

The *Children's Level II and III Residential Services Review Tool* is designed to determine if Level II and III Residential Facilities are providing services consistent with the service expectations outlined in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Practice Protocol *Children's Out of Home Services*.

Reviews of each Children's Level II or III residential service provider should be conducted at a minimum of once annually. Each RBHA should have a minimum of one Quality Management and one Clinical Operations representative conduct these reviews.

The review tool is comprised of two parts, a chart review and an interview of the program's clinical lead. Only one interview with a clinical lead needs to be conducted for each residential service provider. The number of chart reviews to be completed is based on the number of children/youth currently being served by the Level II or III residential service provider:

- 5 or less residents = 2 reviews
- 5-10 residents = 4 reviews
- 10-15 residents = 6 reviews
- 15-20 residents = 8 reviews
- Over 20 residents = 10 reviews

At the beginning of the *Children's Level II and III Residential Services Review Tool* is a demographic section the reviewer must complete. The Child and Adolescent Service Intensity Instrument (CASII) score recorded should be the most recent one entered in the file.

Part 1 of the *Children's Level II and III Residential Services Review Tool* is a chart review which evaluates five components related to providing quality care for children and youth receiving Level II or III residential services:

- Assessment and Evaluation
- Active Treatment
- Family Involvement
- Cultural Competence
- Discharge Planning

Most questions in this section can be answered with a Yes or No response; Not Applicable (N/A) is available for some questions. Most of the questions also provide an opportunity for the reviewer to add comments to their answers. The comment section can be used to clarify answers or note any unusual factors or circumstances associated with the questions.

Part 2 of the *Children’s Level II and III Residential Services Review Tool* involves an interview with the program’s clinical lead. This interview consists of three Yes/No questions and six open-ended questions which provides an opportunity for a more detailed response.

Completing the RBHA Quarterly Protocol Monitoring Report

Results from each Level II or III program reviewed during a quarter must be compiled using the *RBHA Quarterly Protocol Monitoring Report: Children’s Out of Home Services—Level II and III* and submitted to ADHS/DBHS on a quarterly basis. These quarterly reports will be utilized to monitor each agency’s adherence to the required elements in the ADHS/DBHS Practice Protocol *Children’s Out of Home Services*.

Each Level II or III program reviewed should be listed along with the date of the review and the number of clinical files reviewed. Quantitative results are tabulated as the percentage of total “yes” responses for all of the questions under each of the six components. For example, under the first component *Assessment and Evaluation*, there is a potential of 2 total “yes” responses. Therefore, the percentage of total “yes” responses under this component would be calculated as:

$$\frac{\text{Total number of “yes” responses on all clinical files reviewed}}{\text{Total number of charts reviewed}} \times 100 \times 2$$

Qualitative results should be listed as strengths and areas identified for improvement for each Level II and III program.

Finally, RBHA-level trends, barriers, and improvement efforts for Level II and III programs should be documented in the table provided.

Completed monitoring reports should be submitted by the 15th day after the end of the quarter to the following:

ADHS/DBHS
Attn. Karla Schaff
150 N 18th Avenue, Suite 220
Phoenix AZ 85007-3228
(or electronically to: SCHAFFK@azdhs.gov)

Please attach copies of the review tools completed during the quarter. This information will be provided to the ADHS/DBHS Utilization Management Department.

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Provider: _____

CASII Score: _____

Review Date: _____

Date of Admission: _____

Reviewers: _____

PART 1: Chart Review (complete one form for each child)

I. Assessment and Evaluation	Yes	No	N/A	Comments:
1. The clinical record contains a current Assessment completed within the last year by the intake agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The clinical record contains a current Strengths, Needs, and Culture Discovery (SNCD) completed by the Child and Family Team (CFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Active Treatment	Yes	No	N/A	Comments:
Date most recent treatment plan was completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. The treatment plan is comprehensive and at a minimum contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>a) The child's individualized needs related to his/her admission</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>b) Specific goals/objectives that address the child's individualized needs related to his/her admission</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c) Specific treatment interventions that address the child's goals/objectives</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>d) Discharge planning that prepares the child and family for the child's return to home or community as quickly as possible</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If the child was involved in an Emergency Safety Response (ESR), there is evidence that:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>a) The family was notified of the episode</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>b) The CFT was notified of the episode</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c) The child's treatment team debriefed with the child and family after the episode</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>d) The treatment plan was updated to reflect any necessary changes to prevent further ESRs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The treatment plan has been reviewed and treatment interventions and services have been updated as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. There is documentation related to the child's progress in achieving his or her treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. There was an active CFT in place at the time of admission to the Level II or III facility -OR- a CFT was formed while the child was in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6. The Level II or III facility engages in active treatment planning as part of the CFT to prepare the child for transition to home or other community-based setting				
III. Family Involvement	Yes	No	N/A	Comments:
1. There is evidence that the family/guardian were actively engaged to participate and involved in decisions in the following aspects of the child's care:				
<i>a) Assessment</i>				
<i>b) Treatment Development</i>				
<i>c) Treatment Service Provision</i>				
<i>d) Discharge Planning</i>				
2. There is evidence that CFT meetings are scheduled according to the family's availability				
3. There is evidence that the child and family have regular communication with each other outside of treatment sessions				
IV. Cultural Competence	Yes	No	N/A	Comments:
1. Services appear to be culturally responsive to the needs of the child and family				
2. Discharge and transition plans reflect identified community services and supports that are aligned with the child's strengths, needs, and cultural preferences				
V. Discharge Planning	Yes	No	N/A	Comments:
1. The discharge plan includes:				
<i>a) Specific skills and supports that the child needs to be successful upon return to the community</i>				
<i>b) Identification of the types and frequency of professional and support services needed upon discharge</i>				
<i>c) Realistic/quantifiable/measurable goals and objectives to inform when the child is discharge ready</i>				

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<i>d) Evidence that the CFT is actively reviewing progress and discharge options</i>				
2. There is evidence that the family/guardian is provided with clear instructions on how to access services after discharge, including contact information				

PART 2: Interview with Program Staff (conduct one interview for each program)

Program Review	Yes	No	N/A	If yes, please describe:
1. Staff directly involved with the child's care receives regularly scheduled clinical supervision as well as event-driven supervision when necessary to ensure the provision of sound clinical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Staff have had training in positive behavior support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Staff have had training in the Arizona Vision, 12 Principles and CFT Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. What types of behavioral health services does your facility provide?				
5. How do you ensure that your children/families have access to behavioral health services that are not provided within your facility?				
6. How do you welcome/orient children and families to your program?				
7. How do you support child/family communication and involvement?				
8. Describe areas of strength within the program:				

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9. Describe any barriers within the program:

RBHA Quarterly Protocol Monitoring Report: *Children's Out of Home Services* —Level II and III

GSA _____ Network (if applicable) _____ Fiscal Year: _____ Quarter: _____ # of Charts Reviewed During Quarter: _____

Name of Program Reviewed	Program Type: Level II or III	Date of Review	# of Charts Reviewed
1.			
2.			
3.			
4.			
5.			
6.			

QUANTITATIVE RESULTS						
Name of Program	Assessment & Evaluation	Active Treatment	Family Involvement	Cultural Competence	Discharge Planning	Program Review

QUALITATIVE RESULTS		
Name of Program	Areas of Strength	Areas Identified for Program Improvement

RBHA Quarterly Protocol Monitoring Report: *Children's Out of Home Services* —Level II and III

RBHA Performance Improvement Actions:

What trends were identified for the Level IIs and IIIs reviewed?

What barriers were identified for the Level IIs and IIIs reviewed?

What has the RBHA implemented to target areas that were identified for improvement for the Level IIs and IIIs reviewed?