

**TARRANT COUNTY JUVENILE SERVICES  
RESIDENTIAL SERVICES  
RESPONSE FORM  
ATTACHMENT A**

NAME:	
BUSINESS ADDRESS:	
PHONE:	
EMAIL:	
FACILITY NAME:	
FACILITY LOCATION:	

**FACILITY TYPE**

Which type of residential services do you propose to provide? (CHECK ALL THAT APPLY)

- EMERGENCY SHELTER
- SHORT TERM RESIDENTIAL
- SECURE POST-ADJUDICATION CORRECTIONAL FACILITY – Juvenile Board Certified. Select level(s) of care provided

Basic                       Moderate                       Specialized                       Intense

- NON - SECURE POST-ADJUDICATION CORRECTIONAL FACILITY – Juvenile Board Certified

Other:

- RESIDENTIAL PLACEMENT - Texas Department of Family and Protective Services (**TXDFPS**) licensed.

Select level (s) of care provided

Basic                       Moderate                       Specialized                       Intensive

- DSHS licensed substance abuse treatment program. Select level(s) of care provided

Basic                       Moderate                       Specialized                       Intensive

Out of State Provider

Secure Residential Licensed by:

Non-Secure Residential Licensed by:

**PROGRAM INFORMATION**

Please describe in as much detail as needed, the following:

1. Philosophy of your agency:

2.

3. Average length of stay:

4. Criteria used to determine length of stay:

5. Level and frequency of counseling services provided:

6. Consideration for and decisions made regarding lowering of a client's Level of Care (other than through Youth for Tomorrow):

7. Explain the interventions that will be used with clients who demonstrate at-risk behaviors such as lack of participation or defiant and/or challenging behaviors to achieve successful program completion:

8. What gender of youth do you serve?

Males                       Females

9. What age of youth do you serve?

**SPECIALIZED TREATMENT SERVICES**

Check areas of specialized treatment expertise for both male and female juveniles and **provide supporting documentation** detailing your tenure and experience with the specialty area(s) selected:

- Trauma
- Mental Health
- Substance Abuse
- Dual-Diagnosis
- Intellectual Disabilities or Borderline Functioning IQ's
- RAD Attachment Disorder
- Autism Spectrum
- Suicidal Ideation (within last 30 days of referral)
- LGBTQIA
- Young Offenders (10-13 years of age)
- History of Aggression
- History of Aggravated or Violent Offenses
- Sexual Behaviors
- Commercial Sexual Exploitation
- Firesetting, Arson or Animal Cruelty
- Independent Living and/or Vocational Programs (older juveniles)
- Female specific interventions, especially for those with high-risk behaviors
- Pregnant or Parenting Teens
- Ability to keep offenders past the age of 18 if on Determinant Sentence Probation
- Other:

**EDUCATION**

Are educational services:

- On-Campus
- Off-Campus

Who provides the educational services:

Is there a strong vocational programming? If yes, describe:

## **HEALTH & PSYCHIATRIC CARE**

1. Where is emergency medical care obtained:

2. Describe by whom and where routine medical services are delivered:

3. Who provides psychiatric services?

4. Does your medical/mental health provider bill for Medicaid?

## **BILINGUAL SERVICES**

1. List any services that can be provided in other languages, describe what languages and the extent of these services:

2. Do you serve undocumented youth? If so, what are the potential barriers to serving this population?

## **STAFF QUALIFICATIONS, LICENSURE AND ACCREDITATION**

Please describe and attach documentation regarding:

1. Staff qualifications, licensure and capacity in which qualified staff works with clients:

2. Accreditation certificates, special recognition notices and reference letters.

## **ACKNOWLEDGMENTS**

**By checking the box by each paragraph, you acknowledge your willingness and ability to abide by each statement.**

- Acknowledgement to provide monthly reports to TCJS by the 10th day of the month following the month of service, monthly reports are required to include the treatment goals, interventions utilized, and progress made each TCJS youth in individual or group services.
- Acknowledgment to provide TCJS and the juvenile's guardian of notice within 24 hours of any serious incident (including: runaway, escape, medical issues, injury, or behavioral issues) by telephone and a follow up in writing to TCJS the next business day.
- Acknowledgement that parental and TCJS must be notified, and approval obtained prior to the administration of any prescription medications or changes in medication.

- Acknowledgment to provide TCJS notice within 24 hours of licensing violations and potential licensing violations
- Acknowledgment to provide TCJS discharge summaries on the day of discharge or within 24 hours of discharge.
- Acknowledge that treatment plans and therapy notes will be submitted at an agreed upon time as part of the contracting process. The final report is generally expected one week following the date of the evaluation, unless otherwise specified.
- Tarrant County Juvenile Services, or its designee, will monitor placement facilities per TJJJ standards and will address any deficiencies with facility staff as needed. Failure to correct deficiencies within a reasonable period may result in removal of youth and/or a decision not to place additional youth in that facility.
- Acknowledgement, **if applicable**, to comply with the Prison Rape Elimination Act, pursuant to 28 CFP, Part 115, section 115.312 (Standards for Juvenile Facilities).
- Acknowledgement that all juvenile records are confidential, and no records will be released without the expressed consent of TCJS
- Acknowledgement that invoices for payment will be based on the daily rate of care contracted. The invoice will include the name of the client, dates of service, daily rate and total amount owed per client on business letterhead with an invoice number. Invoices will be submitted by the 10th of each month for the previous month's service.

## **ATTACHMENTS**

1. Provide a Summary Statement of Respondent's history, experience and qualifications including cultural diversity of the Respondent's organization as well as a description of cultural sensitivity in the provision of service.
2. Provide copies of sample treatment plans, therapy notes, monthly progress reports and discharge summary.
3. Secure or non-secure correctional facilities provide copy of the last TJJJ Monitoring report.
4. Provide information on the number of Abuse, Neglect and Exploitation allegations made to the state during Calendar Year 2022 and the number and type of cases founded as Reason to Believe.
5. Sample incident report.
6. Provide proof of financial stability.
7. Proof of current Licensing or Certification to operate the proposed facility.