



**Request for Contract
FY22 SCOPE OF WORK**

☐xx **CONTRACT IS MEDICAID FUNDED** ☐ **CONTRACT IS COUNTY FUNDED** ☐ **CONTRACT IS BLOCK GRANT FUNDED**

PNDS ASSIGNED: Ana Evan

To be completed by staff for any amount over \$1,000.00. If necessary, additional information may be requested regarding the vendor prior to proceeding with the contract process.

Contractor Name: Triangle Family Services, Inc.		
Corporate Address: 3937 Western Blvd., Raleigh, NC 27606		
Local Address: Same		
Billing Address: Same		
Phone: 919.821.0790	Fax: 919.518.9476	Federal Tax ID #: 56-0547491
Contact/Position: Alice Lutz, CEO		Email: alutz@tfsnc.org

SERVICES TO BE PROVIDED
1. Problem Sexual Behavior-Cognitive Behavioral Therapy

Name of Program/Services.

Problem Sexual Behavior- Cognitive Behavioral Therapy

Description of Services.

Problematic Sexual Behavior – Cognitive Behavioral Therapy (PSB-CBT) is an evidence-based treatment model for children and youth ages 7-12 and 13-18 who have engaged in problematic sexual behavior (PSB). Children participate in treatment groups based on their age, while parents participate in a concurrent caregiver group. PSB-CBT effectively addresses a wide range of problematic and illegal behaviors, including:

- ☐ Failure to recognize socially acceptable physical boundaries
- ☐ Excessive masturbation
- ☐ Preoccupation with pornography and other sexualized content



- ☐ Generation and/or dissemination of sexualized images of self or others
- ☐ Coercive and/or aggressive sexual acts

Intermediate goals are to: 1) increase awareness of sexual behavior rules and expectations, 2) strengthen parent-management skills, 3) improve parent-child communications and interactions, 4) improve children's self-management skills related to coping and self-control, 5) improve children's social skills, and 6) decrease children's internalizing and externalizing behaviors.

There are two rostered versions of PSB-CBT, one for school-age youth up to age 12 and a second for adolescents up to age 18. The program duration is different for each group.

Required Elements of the Program/Service.

- Provide PSB-CBT treatment through , individual and family groups concurrently. and combined groups one time per week
- Link to psychiatric/medication management treatment as appropriate.
- Provide comprehensive clinical assessments for children with sexualized behavior.
- Provide court testimony as needed based on agency's assessments, evaluations and treatment.
- Collaborate withAlliance Health, Child Welfare and Juvenile Justice/Public Safety agency staff as necessary to ensure a comprehensive plan of care is developed for those children/youth with identified sexualized behaviors admitted into treatment for PSB-CBT.
- Maintain professional affiliations with organizations with documented expertise in PSB-CBT treatment for children and youth.
- Offer and provide consultation and training to community providers and residential treatment providers (including through System of Care forums) on PSB-CBT.
- Build capacity to provide PSB-CBT treatment in Spanish.
- PSB-CBT clinicians must successfully complete all training requirements (rostered by listing) by the Center for Child and Family Health (CCFH)-NC Child Treatment Program and follow all guidelines prior to providing this service.



- PSB-CBT must be delivered according to the model with multiple therapists conducting concurrent multi-family and youth groups. When delivered individually, there is a different rate. The model is most effective when delivered in a group setting.
- Due to COVID 19 restrictions, all PSB-CBT may be conducted through a secure telehealth platform. Clinicians will meet with individual families through confidential therapy sessions. Once restrictions are lifted by CCFH-NC Child Treatment Program, face-to-face treatment will resume **for delivery of the model**
- Time duration for school age youth is 5 months (5 units)
- Time duration for adolescents is 12 months (12 units)

Target Population and Eligibility Criteria.

- Wake county individuals ages 6-18 who are enrolled in Medicaid

Discharge Criteria.

- Individual's level of functioning has improved with respect to the goals outlined in the service plan.
- It is determined that a higher level of care is needed.
- Individual is no longer available to participate in treatment.
- A parent/legal guardian voluntarily discharges their child from the program

Collaboration.

- Staff shall participate in the Person-Centered Planning (PCP) planning process within the context of a Child and Family Team (CFT) that adheres to the System of Care philosophy and practice.
- Provider will complete a referral process for individuals requiring a different level of care by directly contacting the most appropriate provider(s) and ensuring an appropriate and timely transfer is completed.

Documentation Requirements

Follow guidelines set forth in Records Management and Documentation Manual (APSM 45-2)
Documentation must identify group recipients from those receiving the treatment individually.

Required Outcomes.

- Decrease problematic sexualized behavior
- Improve coping skills and self-control strategies
- Reduce out-of-home placement



- Improve caregiver monitoring, supervision, and behavior management skills

Reporting Requirements.

Provider shall be expected to submit quarterly outcomes monitoring reports to Alliance Provider Network Development and Evaluation via electronic report to:

PNDPROVIDERREPORTS@ALLIANCEHEALTHPLAN.ORG. Provider shall also be expected to forward to Alliance, fidelity review reports within 10 business days of receipt from external fidelity review entities. Provider shall include in the subject line of electronic submission the name of the Provider and the specific program for which data is being submitted. All data is due no later than the 10th of the month following the end of the quarter. (Q1: October 10th; Q2: January 10th; Q3: April 10th; Q4: July 10th). Data not received by the deadline could delay issuance of invoice/financial reimbursement.

Finance.**Billing Requirements:**

This service is Medicaid Reimbursable UCR Funded.

1. School Age - **\$585.46 90849 22 Unmanaged 5 months**
2. Adolescent - **\$646.64 90853 22 Unmanaged 12 months**

Start Date July 1, 2021