

Department of Public Welfare

Office of Mental Health and Substance Abuse Services

Summer Therapeutic Activities Program (STAP) Service Description Format

A service description containing all of the following information must be submitted by the Provider, to the OMHSAS Children's Bureau, for review and approval.

Service Description Information

1. Provider Information:

- A. Name of provider
- B. Provider type
- C. PROMISe ID number (9 digits)
- D. Licensed entity responsible for the STAP and license number including a current copy of the license
- E. Address of licensed entity
- F. Address for each STAP site location and the name of the program at that site
- G. Contact person for the STAP: include name, title, email address, phone and fax numbers
- H. Contact person for the provider: include name, title, email address, phone and fax numbers
- I. Provider's main website address; telephone and fax numbers

2. Will the Services be subcontracted: YES or NO. If yes, provide the name of the subcontractor, and a copy of the subcontracting agreement, including who is responsible for supervision of subcontracted staff and the monitoring of STAP services.

3. County(ies) in which services will be provided:

4. Describe how the provider collaboratively developed this service description with the applicable CASSP Coordinators, County(ies) and BH-MCO(s): include documentation of county support with the service description submission.

5. Describe the Target Population: include specific age range, diagnoses, exclusionary criteria, population and group composition.

6. Describe how the STAP will assure cultural competency for the population served.

7. **Goals of the Service:** describe goals of service and how those goals will be achieved, including:
 - a. **Mission or Purpose of the Service:**
 - b. **Design of Services:** include the length of the program (both hours per day and number of weeks), the maximum capacity of the STAP, the overall staff to child ratio, the treatment modalities (group, individual) and intervention techniques to be used, expectations for family involvement, and strategies used to elicit family participation.
 - c. **Design of Group Services:** include the group type (e.g., traditional therapy group or four step), title of each group topic, number of group sessions for each topic and the staff responsible for conducting group sessions. For each group topic indicate the targeted participants (e.g., age range, diagnoses or other relevant group features) and the maximum number of participants. For groups utilizing published or commercial group curriculums, provide the title, author and publisher of the materials. For groups utilizing unpublished curriculums or group topics developed using the four step model, provide specific information about proposed group activities and the amount of time spent practicing the skill in relation to the overall length of the group session. The service description must demonstrate the relationship between the group activities and the overarching group topic. The curriculum and associated materials are expected to be maintained on site for staff implementation and review. An example of a curriculum for a specific session is provided as Attachment 1 to the service description format.
 - d. **Daily and Weekly Schedule:** include a schedule which clearly identifies mental health treatment and activities that are not mental health treatment components. Providers need to submit a schedule for each week of STAP provided. An example of a schedule is provided as Attachment 2 to the service description format.
8. **Staffing:** for each position that is part of STAP, include staff educational levels, degrees, licensure, certifications and other qualifications. Identify the responsibilities of each position. Identify STAP specific training that is provided to staff as well as trainings that the provider requires for all staff, such as CPR.
 - a. **Attach an organizational chart**
9. **Staff Supervision:** include a description of the overall clinical oversight structure and the position responsible for clinical oversight. Include the qualifications for the position responsible for clinical oversight.

Describe how supervision is performed for **each** position utilizing the following questions:

- a. How frequently and for how long is supervision provided?
- b. What is the format for supervision (group or individual)?
- c. What position is responsible for the supervision and what are the qualifications for the supervisor?

10. Position responsible for monitoring and assessing the delivery of services:

include how the licensed entity responsible for the program handles administrative oversight, what outcome measures will be used to monitor the success of the program, and how these outcomes are appropriate to measure mental health treatment in the population the STAP is serving.

11. Detailed Budget: for non-fee schedule services, include a detailed budget which defines costs and establishes a unit of service and cost per unit. Refer to MA Bulletin 50-96-03 for an example of a rate proposal.

Service descriptions and supporting documents can be sent to:

OMHSAS, Children's Bureau

DGS Annex Complex

Beechmont Building, 2nd Floor

P.O. Box 2675

Harrisburg, PA 17105

or

ra-ServDescriptions@pa.gov

****electronic submission is preferred****

Incomplete service descriptions will be returned to the provider. Only complete service description packets will be reviewed.