



Administrative Office of the Courts  
 Juvenile Justice Services Division  
 Contract Years 2019-2024  
 Domestic Violence Residential Treatment Facility Service Specification  
 Service Code 114

<b>DOMESTIC VIOLENCE RESIDENTIAL TREATMENT FACILITY, Service Code 114</b>	
<b>Category</b>	Residential Services (Form F-3)
<b>Setting</b>	<ul style="list-style-type: none"> <li>Residential</li> </ul>
<b>Targeted Population</b>	<ul style="list-style-type: none"> <li>Juvenile that has been adjudicated for any offense and identified as having a history of domestic violence</li> <li>Low-, Moderate- or High-risk juvenile, as indicated on Service Authorization Form (SAF) and determined by probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles</li> <li>Diversion juveniles are not eligible for this service per ARS 8-321(F)(5)</li> </ul>
<b>Facility License</b>	<ul style="list-style-type: none"> <li>The provider agency must be licensed by the Arizona Department of Health Services Division of Licensing (ADHS) as a Behavioral Health Residential Facility.</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>This service provides safe and structured out of home care for juveniles with domestic violence referrals, and immediate crisis intervention and stabilization to the juvenile and family. Utilizing a thorough assessment of the juvenile and family, the service identifies issues related to domestic violence within the family, while assessing for the safety of all family members. The service provides short-term out-of-home care, with treatment services to assist the juvenile and family in the development of skills to address the identified issues; and through discharge planning, the family is provided with referrals to community services and supports, to transition the juvenile back into outpatient services within the community as appropriate.</li> </ul>
<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"> <li>Provide crisis intervention, stabilization, and assessment to the juvenile and family, to identify the presenting domestic violence issues which resulted in the referral to the Juvenile Court.</li> <li>Stabilize and assist juvenile and family in the development of non-violent skills to address conflict, in an effort to reduce the risk of recidivism, and/or prevent placement of the juvenile into a more restrictive level of care.</li> <li>Provide discharge planning and specific referrals to community services and supports to transition the juvenile back into the community as appropriate.</li> </ul>



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	<ul style="list-style-type: none"> <li>Juvenile will demonstrate a reduction in the criminogenic risks identified by the probation officer, as evidenced by the re-assessment of the AZYAS, or as observed progress on the service goals that were targeted to those factors.</li> </ul>
<b>Service Tasks</b>	<ol style="list-style-type: none"> <li>Document the delinquency risk level in the juvenile’s file as reflected on the Service Authorization Form (SAF) and determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment when applicable for transferred juveniles. Additionally, document how low-risk juveniles are not placed in groups with medium- and high-risk juveniles and how the placement was determined. Consideration shall be given to placement of the juvenile according to self-identified gender and developmental stage (early, middle, late adolescence).</li> <li>Criminogenic risks and needs of the juvenile must be identified at the initiation of treatment from the probation risk assessment summary, be addressed throughout the course of treatment, and recorded in the juvenile’s file. Ongoing discussion with the probation officer about criminogenic needs is preferred.</li> <li>Provide a temporary safe and structured out of home setting for juveniles who are involved in a domestic violence situation.</li> <li>Provide the juvenile and family with initial crisis intervention and stabilization services.</li> <li>With all involved parties, provide a formal assessment of the juvenile and family for domestic violence issues, and identify patterns within the family structure which are creating conflict.</li> <li>In addition to the content of Paragraph 46, of the AOC <u>Standard Terms &amp; Conditions</u> the assessment must identify any history of domestic violence and also determine the safety of family members, including the juvenile or others.</li> <li>Juveniles identified as being victims of domestic violence must be reported to Department of Child Safety (DCS) per mandated reporting statute ARS § 13-3620.</li> <li>If the assessment identifies that family treatment is contraindicated or not possible the reason shall be documented in the juvenile’s file.</li> <li>With all parties, develop a treatment plan with the juvenile and family to address the identified issues, both immediate and ongoing. The treatment plan shall be culturally appropriate and address the needs of the juvenile and the family. The treatment plan must provide for family problem resolution and reunification (except where contraindicated). If returning to the family is contraindicated, the treatment plan shall identify possible alternative living situations for the juvenile and contain recommended follow-up services for the juvenile and family.</li> <li>Treatment plan shall include non-violent conflict resolution and de-escalation skills to prevent further episodes of</li> </ol>



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	<p>domestic violence.</p> <p>11. The treatment plan must address the juvenile's current level of functioning, including any history of trauma related to the juvenile and their family.</p> <p>12. To provide the juvenile and family with detailed discharge plan, including a safety plan and resources for domestic violence counseling in the community (outpatient basis) in accordance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraph 49 (f).</p>
<b>Service Frequency</b>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days a week</li> </ul>
<b>Service Duration</b>	<ul style="list-style-type: none"> <li>• Juvenile’s length of stay in placement is temporary.</li> <li>• Placement is designed for a maximum of thirty (30) days; delivery of this service in excess of thirty (30) days requires probation approval, a new Service Authorization Form (SAF), and written documentation identifying the reason(s) for continued service</li> <li>• Documentation of need for continued services must be disseminated in a written progress report to the referring probation department at least seven (7) days prior to expiration of service authorization. Extensions may be granted in 30-day allotments on separate SAFs</li> </ul>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• At a minimum, direct therapeutic service will be provided by a person who holds a master’s degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant ARS Title 32, Chapter 33.</li> <li>• Licensure is not required for those persons with a master’s degree in a Human Service related field who are employed by a licensed behavioral health agency although supervision must be provided by a person meeting the qualifications set forth in Paragraph 36 of the AOC <u>Standard Terms &amp; Conditions</u>.</li> <li>• Psycho-education services may be delivered by appropriately trained and supervised paraprofessional and/or direct care personnel, as prescribed in the AOC <u>Standard Terms &amp; Conditions</u>, who has at least two years documented full-time experience working with the juvenile justice population.</li> <li>• Appropriate population staff work experience, pursuant to the AOC <u>Standard Terms &amp; Conditions</u>, must have occurred within the preceding five years.</li> </ul>



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	<ul style="list-style-type: none"> <li>• Documented certification in trauma training is required to deliver trauma services. Certification must be provided to and approved by the AOC prior to delivery of trauma treatment services.</li> <li>• Per ADHS licensing, awake overnight staff is required.</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>• Staffing ratios will be provided based on ADHS regulations for behavioral health residential facility services according to provider's license type</li> </ul>
<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days per week</li> </ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>• One unit of service equals one 24-hour period. To be considered as a billable unit, the juvenile must have been under supervision by the provider at 11:59 p.m. that day</li> </ul>

**The following documentation and information must be submitted with the service specification:**

1. For Full Procurement identify facility name, address and ADHS license number from which services will be provided. If more than one facility, each facility must be identified separately in the table below.

Facility Name	Facility Address	ADHS License Number
1.		
2.		
3.		
4.		



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**Proposed Service & Rate:**

<b>Domestic Violence Residential Treatment Facility Service:</b>	
<b>Males only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Females only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Detailed daily schedule attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Rate:</u></b>	
AOC does not wish to pay more than the stated rate(s) below:	
Domestic Violence Residential Service (sc 114)	\$ <b><u>225.00</u></b> / juvenile / day
Other Proposed Service Rate: Domestic Violence Residential Service (sc 114)	\$ _____ / juvenile / day

**Other Agreement:**

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All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

**By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Domestic Violence Residential Treatment Facility service and I agree to all requirements, restrictions, service tasks, and contract rate(s):**

\_\_\_\_\_  
**Contractor Signature / Date**



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**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

**Contracted Service & Rate:**

<b>Domestic Violence Residential Treatment Facility Service:</b>	
<b>Males only:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Females only:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Detailed daily schedule attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Rate:</u></b>	
<b>Domestic Violence Residential Service (sc 114)</b>	\$_____/ juvenile / day

**Other Agreement:**

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\_\_\_\_\_  
**Contractor Signature / Date**

\_\_\_\_\_  
**AOC Signature / Date**