



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024

Family Intervention/Reunification Residential Program Service Specification
 Service Code 111

Family Intervention/Reunification Residential Program, Service Code 111	
Category	Out-of-Home Care Services (Form F-3)
Setting	<ul style="list-style-type: none"> Residential
Targeted Population	<ul style="list-style-type: none"> Low-, Moderate-, or High-risk juveniles, as indicated on the Service Authorization Form (SAF) and determined by the probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles Probation involved youth Diversion juveniles are not eligible for residential services per ARS 8-321(F)(1-5)
Facility License	<ul style="list-style-type: none"> The provider agency must be licensed by the Arizona Department of Health Services, Division of Licensing (ADHS) meeting the specific requirements of A.A.C. Title 9, Chapter 10, Article 7.
Service Description	<ul style="list-style-type: none"> This service provides short term, preferably 30 days or less, out-of-home care, supervision and crisis intervention counseling services. As a stand-alone service this provides crisis intervention to prevent a more restrictive placement. When used as a step down from a more restrictive environment the service provides intensive therapeutic intervention to successfully transition the juvenile back to home and community. Services should include resolution of family issues, which may prevent the juvenile from returning home or to an alternative living arrangement.
Service Tasks	<p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> are applicable. Additionally:</p> <ol style="list-style-type: none"> 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).



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	<ol style="list-style-type: none"> 2. 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. 3. Within three (3) days of placement and with all parties involved, develop an individualized treatment/service plan, which addresses the needs of the juvenile and family. The treatment/service plan must provide for rapid family problem resolution and reunification (except where contraindicated) or alternative living plan and contain recommendations for follow-up services. 4. The treatment plan must address the juvenile's current level of functioning, including any history of trauma related to the juvenile and their family. Active involvement by parent/guardians in treatment/program services, visitation and reunification with family or alternative living arrangement should occur. 5. Intensive therapeutic intervention must include structured behavior modification specific to juvenile and must also include family therapy with the parent/guardian or alternate household to which juvenile will return. 6. Provide for the juvenile’s participation in educational services as required by the Arizona Department of Education (ADE) standards and participate in Individual Education Planning (IEP) as appropriate. 7. Provide transportation must be provided, as necessary, to and from medical and dental examinations, school, court, home visits and routine day to day activities. 8. Provide to the court written updates prior to scheduled court hearings that detail the juvenile’s progress within the program. Court updates are in addition to monthly progress reports which are required in the AOC <u>Standard Terms & Conditions</u>, Paragraph 61 (b). Record the dissemination of the reports and/or updates in the juvenile’s file. 9. Legibly document and place in the juvenile file daily progress notes in accordance with the AOC <u>Standard Terms & Conditions</u>, Paragraph 50 (x).
<p>Service Frequency</p>	<ul style="list-style-type: none"> • 24 hours / 7 days per week
<p>Service Duration</p>	<ul style="list-style-type: none"> • Service duration is individualized and based on need of the juvenile and as authorized by the Service Authorization Form (SAF). Generally, placement is designed for a period of thirty (30) days. An extension of the SAF is required for additional lengths of stay. • 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, in accordance with Paragraph



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	61 (b) of the AOC Standard Terms & Conditions. Extensions may be granted in thirty (30) day allotments on separate SAFs.
Staffing	<ul style="list-style-type: none"> • Treatment services and family reunification services shall be provided by, at a minimum, a master’s degree counselor who meets the minimum qualifications and population experience set forth in the AOC <u>Standard Terms & Conditions</u>, Paragraphs 35-37. • Contractor will comply with all staffing requirements of the ADHS Behavioral Health Residential Facility License
Staff to Client Ratio	<ul style="list-style-type: none"> • Staffing ratios shall be provided based on the ADHS regulations for behavioral health residential facility services, according to Contractor’s license type
Hours of Operation	<ul style="list-style-type: none"> • 24 hours / 7 days a week, awake overnight staff
Desired Service Outcomes	<ul style="list-style-type: none"> • Juvenile and family will exhibit progress on goals as outlined in treatment/service plan • Juvenile and family or alternative household will demonstrate improved relationships that facilitate successful family reunification or prevent placement in out-of-home care • 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.
Unit of Service	<ul style="list-style-type: none"> • One unit equals any part of one residential day. After the first day, the juvenile must be in residence at 11:59 p.m. for each day reported for the residence to qualify for payment.

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

1. Name(s) of all written programs to be utilized in delivery of this service:



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2. Facility name, address, and ADHS license number from which services will be provided. If more than one facility, *each* facility must be proposed independently in the completed service specification.

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



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Proposed Service & Rates:

Family Intervention/Reunification Residential Program		
Males only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Females only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Males & Females: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rate (inclusive of meals and transportation):		
AOC does not wish to pay more than the stated rate(s) below:		
Family Intervention/Reunification Residential Program (sc 111)	\$ <u>225.00</u> /day	
Other Proposed Service Rate: Family Intervention/Reunification Residential Program (sc 111)	\$ _____ /day	

Other Agreement:

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 Family Intervention/Reunification Residential Program 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 & Rates:

Family Intervention/Reunification Residential Program		
Males only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Females only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Males & Females: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rate (inclusive of meals and transportation):		
Family Intervention/Reunification Residential Program (sc 111)	\$_____ /day	

Other Agreement:

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 Family Intervention/Reunification Residential Program and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date

AOC Signature / Date