



Administrative Office of the Courts

Juvenile Justice Services Division

Contract Years 2019-2024

Intensive Outpatient Program - Substance Use Disorder Service Specification

Service Codes 237-241, 180

INTENSIVE OUTPATIENT PROGRAM – SUBSTANCE USE DISORDER (IOP-SUD), Service Codes 237-241, & 180	
Category	Standard Services (Form F4)
Setting	<ul style="list-style-type: none"> Professional office environment in an outpatient counseling/treatment center, in-home, or private practice appropriate to the provision of evaluation, assessment, and treatment services
Targeted Population	<ul style="list-style-type: none"> Juveniles participating in IOP-SUD shall have a diagnosis congruent with a DSM-5 Substance Use Disorder diagnosis Moderate- or High-risk juveniles, as indicated on Service Authorization Form (SAF) and determined by probation department using Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles; Low-risk juveniles should not be considered for IOP-SUD* (see Service Description below)
Facility License	<ul style="list-style-type: none"> Full Procurement Contractors must hold a current, applicable Arizona Department of Health Services (ADHS) license for each facility from which this service will be provided
Service Description	<ul style="list-style-type: none"> Intensive Outpatient Program-Substance Use Disorder Population (IOP-SUD) is a clinical service in which the focus is on the treatment of substance use, and which is provided by a master’s level therapist meeting the qualifications prescribed in this service specification. Program components must include substance use counseling and relapse prevention development and may include development of problem-solving skills, coping skills, and pro-social skills; development of pro-social network(s); and development of leisure activities. Services shall include individual, family when appropriate, and therapeutic group counseling; program must also include psycho-education related to substance use (Psycho-educational groups will not be contracted separately from IOP-SUD treatment) Program may also include multi-family groups Therapeutic group counseling must be provided at least two times weekly, supplemented by a minimum of once weekly individual counseling and family counseling as prescribed in the juvenile’s individualized treatment plan. Service delivery contact hours must be adequate to address the needs of the juvenile, and family when applicable. Family services, when appropriate for the juvenile, should seek to strengthen family relationships by improving communication and improving family members’ ability to support abstinence from drugs and/or alcohol.



Administrative Office of the Courts

Juvenile Justice Services Division

Contract Years 2019-2024

Intensive Outpatient Program - Substance Use Disorder Service Specification

Service Codes 237-241, 180

	<ul style="list-style-type: none"> The program may function as a step-down program from residential services and may be used to prevent or minimize the need for a more intensive level of treatment. The length of a juvenile’s participation in the IOP-SUD will vary depending on the juvenile’s accomplishments in the program and specific conditions of probation. <i>*Low-risk juveniles should not be considered for IOP-SUD however, if a low-risk juvenile is admitted to the program because of a direct request from the referring probation department, documentation of the exception shall be recorded in the juvenile’s file and low-risk juveniles shall not be grouped with moderate- and high-risk juveniles in a group setting</i>
<p>Service Tasks</p>	<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 moderate- 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). 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. Provide structured sessions aligning with services described in Contractor application that occur for a specific, authorized period of time, and that work toward the attainment of mutually defined goals as specified in the treatment plan. Group counseling is a required component; individual and family counseling may also occur on-site. Home-based individual and family counseling may be delivered in cases where the treatment provider, probation officer, juvenile, and family agree to home-based individual and family services; such services are appropriately authorized by the probation officer; and only if home-based counseling is a contracted service. The treatment plan must address the juvenile’s current level of functioning, including any history of trauma related to the juvenile and their family, and how the trauma may relate to the use of substances. Collaborate with the probation officer, juvenile and parent/guardian to prepare an individualized discharge plan for relapse prevention and sustainability following treatment. Provide a copy of the completed plan to the probation officer prior to or at the time of service termination with documentation of the dissemination recorded in the juvenile’s file. Employ a therapeutic evidence-based or promising practice model, preferably a cognitive behavioral therapy model, that



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Service Codes 237-241, 180

	<p>is validated for use with adolescents with substance use disorder.</p> <p>7. Contractor must have original signature of juvenile on a dated attendance form for each day of service provided. Signatures for each adult family member, and juvenile when applicable, attending multi-family group counseling must be recorded on a dated attendance form for each day multi-family group service is provided. The attendance documentation must be maintained for the entire length of the contract and be made available for review by the AOC, if requested.</p> <p>8. Provide juvenile and family/guardian with appropriate crisis numbers to call.</p>
<p>Professional Consultation</p>	<ul style="list-style-type: none"> • Provide consultation service to the probation department and/or the court which has been authorized through a Service Authorization Form (SAF); billed in fifteen (15) minute increments under the appropriate service code; and may only be billed in conjunction with a contracted service. Consultation services may include court testimony or specific activities requested by the referring probation department. Professional consultation is not case management. • The individual juvenile file shall include a copy of a court’s order or written directive for testimony or the probation department’s written request for specific consultation. • Professional consultation shall be documented in the appropriate juvenile file and shall include a summary of consultation provided; location at which consultation occurred; persons participating in the consultation; date of consultation; duration of consultation; and name, dated signature, degree and title of person providing consultation.
<p>Service Frequency</p>	<ul style="list-style-type: none"> • Minimum direct services must be met for IOP-SUD, and shall include: <ul style="list-style-type: none"> ○ Minimum of 1 one-hour individual session per week; ○ At least two group sessions with a qualified therapist; and ○ Family counseling and/or support system services provided in accordance with individual treatment plan. ○ Psycho-educational groups as proposed in application and approved by AOC. • Services shall be approved in the Service Authorization Form (SAF) and delivered as prescribed in the individualized treatment plan, or as court ordered.
<p>Service Duration</p>	<ul style="list-style-type: none"> • Treatment is individualized and based on Contractor’s established criteria for admission and continued treatment, as well as the juvenile’s ability to benefit from individual treatment goals.



Administrative Office of the Courts

Juvenile Justice Services Division

Contract Years 2019-2024

Intensive Outpatient Program - Substance Use Disorder Service Specification

Service Codes 237-241, 180

<p>Staffing</p>	<ul style="list-style-type: none"> • 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 to A.R.S. Title 32, Chapter 33. • 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 & Conditions</u> for Full Procurement. • For Full Procurement Contractors, psycho-education services may be delivered by appropriately trained and supervised paraprofessional and/or direct care personnel, as prescribed in in the AOC <u>Standard Terms & Conditions</u>, Paragraphs 36 and 37 who has at least two years of documented full-time experience providing substance use education. • Appropriate population experience, pursuant to the AOC <u>Standard Terms & Conditions</u>, Section V, must have occurred within the preceding five years.
<p>Staff to Client Ratio</p>	<ul style="list-style-type: none"> • Individual Counseling = 1 therapist for 1 juvenile • Family Counseling = 1 therapist for 1 family • Juvenile Group Counseling = 1 therapist for up to 8 juveniles (minimum 1:3) • Multi-Family Group Counseling = 1 therapist for up to 4 juveniles/families (minimum 1:2)
<p>Hours of Operation</p>	<ul style="list-style-type: none"> • Day, evening hours and may include weekends; and • Ideally, the hours should not conflict with the juvenile’s academic day • Program times may change during school breaks and/or during summertime
<p>Desired Service Outcomes</p>	<ul style="list-style-type: none"> • Juvenile will have exhibited progress on treatment goals as outlined in treatment plan; • Juvenile will have improved daily functioning and diminished substance use symptoms; • Community support systems are identified, a discharge plan completed, and a relapse prevention plan in place to help maintain stability in the community; and • Contractor has coordinated with other community providers for on-going treatment after discharge, as needed. • 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.
<p>Unit of Service</p>	<ul style="list-style-type: none"> • One therapeutic unit equals one hour



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 Contract Years 2019-2024

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	<ul style="list-style-type: none"> ○ Individual Counseling = Per hour ○ Group Counseling = Per juvenile / per hour ○ Family Counseling = Per family ○ Multi-Family Group Counseling = Per family / per hour ● Case management and additional records documentation cannot be billed as therapy or direct paraprofessional services. ● Professional Consultation = Per 15-minute increment and only as authorized on SAF
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The following documentation and information must be submitted with the service specification:

1. Identify the name(s) of all written programs to be utilized in delivery of services included in this service specification:

2. If applicable, identify 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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 Juvenile Justice Services Division
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Proposed Services & Rates:

Intensive Outpatient Program – Substance Use Disorder Population (IOP-SUD):	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
IOP-SUD Individual (sc 237)	\$ 85.00 / hour
Other Proposed Service Rate: IOP-SUD Individual (sc 237)	\$ _____ / hour
IOP-SUD Family (sc 238)	\$ 85.00 / hour
Other Proposed Service Rate: IOP-SUD Family (sc 238)	\$ _____ / hour
IOP-SUD Group (sc 239)	\$ 35.00 / hour / juvenile
Other Proposed Service Rate: IOP-SUD Group (sc 239)	\$ _____ / hour / juvenile
IOP-SUD Multi-Family Group (sc 241)	\$ 35.00 / hour / family
Other Proposed Service Rate: IOP-SUD Multi-Family Group (sc 241)	\$ _____ / hour / family
Professional Consultation (sc 180)	\$ 25.00 / 15 minutes/ Master’s
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ _____ / 15 minutes / Master’s
Professional Consultation (sc 180)	\$ 35.00 / 15 minutes / PhD
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ _____ / 15 minutes / PhD



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024
 Intensive Outpatient Program - Substance Use Disorder Service Specification
 Service Codes 237-241, 180

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 Intensive Outpatient Program – Substance Use Disorder Population (IOP-SUD) services, and I agree to all requirements, service tasks, and contract rate(s):

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Contracted Services & Rates:

Intensive Outpatient Program – Substance Use Disorder Population (IOP-SUD):	<u>Rate:</u>
IOP-SUD Individual (sc 237)	\$ ____ / hour
IOP-SUD Family (sc 238)	\$ ____ / hour
IOP-SUD Group (sc 239)	\$ ____ / hour / juvenile
IOP-SUD Multi-Family Group (sc 241)	\$ ____ / hour / family
IOP-SUD Home Based (sc 240)	\$ ____ / hour
Professional Consultation (sc 180)	\$ ____ / 15 minutes



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Contractor Signature / Date

AOC Signature / Date