



Administrative Office of the Courts

Juvenile Justice Services Division

Contract Year 2019-2024

Substance Use Disorder Residential Treatment Facility Service Specification

(On-Site or Off-Site School)

Service Code 221

<b>SUBSTANCE USE DISORDER RESIDENTIAL TREATMENT FACILITY, Service Code 221</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>Juveniles participating in this service shall have a diagnosis congruent with a DSM-5 Substance Use Disorder</li> <li>Low-, 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</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 meeting the specific requirements of AAC R9-10 and must be nationally accredited by the appropriate agency or prequalified by the Administrative Office of the Courts</li> </ul>
<b>Service Description</b>	<ul style="list-style-type: none"> <li>This service provides twenty-four (24) hour residential behavioral health services within a structured environment for the adolescent population with substance use disorders</li> <li>Treatment services must be assessed as necessary and appropriate to diagnose, treat or prevent regression of significant functional impairments resulting from symptoms of a mental health or substance use disorder diagnosis</li> <li>Services are designed to provide substance use treatment to a juvenile who is experiencing a substance use disorder that limits the juvenile's independence at the community level upon admission, but the juvenile is able to participate in all aspects of treatment and to meet their basic physical and age-appropriate needs. Services must also target identified trauma history and the juvenile's criminogenic need(s)</li> <li>Treatment delivery must utilize evidence based or promising practice models that are designed for juveniles</li> <li>Treatment services should involve a family component when possible and should seek to strengthen family relationships by improving communication and improving family members' ability to support the juvenile's treatment progress</li> <li>The program shall integrate Evidence-Based Practice (EBP) components to improve the juvenile's long-term behavioral stability in the community and reduce the juvenile's risk for recidivism</li> <li>Programming and services shall be individualized and coordinated to assist the juvenile in transition to a lower level of care and/or reintegration back to the community</li> </ul>



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	<ul style="list-style-type: none"> <li>• Services are delivered through individual, family, and group therapy, and may include multi-family group sessions.</li> <li>• Adjunct programming shall include skill building components such as life skills, interpersonal skills, independent living, problem solving and/or recreational activities. Services may occur in an individual, group and/or family format. The Contractor shall ensure low risk juvenile are not combined with medium and high-risk juvenile in a group setting. Additionally, consideration must be given to juveniles in a “group” setting according to their gender, development stage (early, middle, late adolescence) and/or cognitive ability. Appropriate placement in a group setting must be documented in the juvenile’s file along with efforts by the agency to involve the family in service planning, service delivery and discharge planning</li> <li>• Program components must include substance use disorder counseling and relapse prevention development</li> </ul>
<p><b>Service Tasks</b></p>	<p><b>Contract requirements set forth in the AOC <u>Standard Terms &amp; Conditions</u> are applicable. Additionally:</b></p> <ol style="list-style-type: none"> <li>1. 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).</li> <li>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.</li> <li>3. Provide an intensive residential treatment setting appropriate to the needs of the juvenile, including 24-hour supervision. This includes assessment, treatment, reassessment, and discharge planning with all involved parties</li> <li>4. An initial treatment plan must be completed within 48 hours after the juvenile first receives treatment pursuant to ADHS R9-10-708.</li> <li>5. The treatment plan must address the juvenile's current level of functioning, including any history of trauma related to the juvenile and their family in accordance with AOC <u>Standard Terms &amp; Conditions</u>, Paragraphs 48 &amp; 49.</li> <li>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.</li> <li>7. Transportation must be provided, as necessary, to and from medical and dental examinations, and court.</li> </ol>



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	<p>8. Additional service tasks for agencies licensed by the Arizona Department of Health Services Division of Licensing (ADHS) as a Behavioral Health Residential Facility meeting the specific requirements of AAC R9-10: a progress report is due to the court five (5) days prior to the Court hearing and must meet the requirements of ARS § 8-341.01 (C) which include:</p> <ol style="list-style-type: none"> <li>a. The nature of the treatment provided, including any medications and the juvenile’s current diagnosis</li> <li>b. The juvenile’s need for continued residential treatment services, including the estimated length of the services</li> <li>c. A projected discharge date</li> <li>d. The level of care required by the juvenile and the potential placement options that are available to the juvenile on discharge</li> <li>e. A statement from the medical director of the residential treatment services facility or the medical director’s designee as to whether residential treatment services are necessary to meet the juvenile’s mental health needs and whether the facility that is providing the residential treatment services to the juvenile is the least restrictive available alternative</li> </ol>
<b>Service Frequency</b>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days per week for the duration of the juvenile’s placement</li> </ul>
<b>Service Duration</b>	<ul style="list-style-type: none"> <li>• Service duration is individualized and based on need of the juvenile and as authorized by the Service Authorization Form (SAF). However, placement is designed for a period of not less than ninety (90) days. In accordance with ARS 8-341.01 the Court requires a review hearing for placements in excess of sixty (60) days with written documentation identifying the reason(s) for continued service. An extension of the SAF may be 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 61 (b) of the AOC <u>Standard Terms &amp; Conditions</u>. Extensions may be granted in 60-day allotments on separate SAFs</li> </ul>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Contract requirements set forth in the AOC <u>Standard Terms &amp; Conditions</u> are applicable</li> <li>• Refer to AOC <u>Standard Terms &amp; Conditions</u> Paragraph 35-37</li> </ul>
<b>Staff to Client Ratio</b>	<ul style="list-style-type: none"> <li>• Staff Ratio 1:6</li> </ul>



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<b>Hours of Operation</b>	<ul style="list-style-type: none"> <li>• 24 hours / 7 days a week, awake overnight staff</li> </ul>
<b>Desired Service Outcomes</b>	<ul style="list-style-type: none"> <li>• Juvenile will have exhibited progress on treatment goals as outlined in treatment plan</li> <li>• Juvenile will have improved daily functioning and diminished substance use symptoms</li> <li>• Community support systems will be identified, and a discharge plan completed to help maintain stability in the community</li> <li>• Contractor will have coordinated with other community providers for on-going treatment after discharge</li> <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> <li>• The juvenile’s treatment record will demonstrate stabilization and treatment of adolescent substance use behaviors to reduce the risk of recidivism and/or prevent placement of juvenile into a more restrictive level of care</li> </ul>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>• 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</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 Services & Rates:**

<b><u>Substance Use Disorder Inpatient Facility</u></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><u>Education:</u></b> <i>(check one in each category)</i>	<i>On-site school</i>	<i>Off-site school</i>
Public School		<input type="checkbox"/>
Online School	<input type="checkbox"/>	
Private Residential School	<input type="checkbox"/>	<input type="checkbox"/>
Charter school		<input type="checkbox"/>
<b>Detailed daily schedule attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AOC does not wish to pay more than the stated rate(s) below:		
Substance Use Disorder Residential Treatment ( <u>with meal and transportation costs</u> ) (sc 221)	<b>\$215.00</b> / juvenile / day	
Other Proposed Service Rate: Substance Use Disorder Residential Treatment ( <u>with meal and transportation costs</u> ) (sc 221)	\$_____ / juvenile / day	

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 Substance Use Disorder Residential Treatment Facility 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 Services & Rates:**

<b>Substance Use Disorder Inpatient Facility</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>Education:</b> <i>(check one in each category)</i>	<i>On-site school</i>	<i>Off-site school</i>	
Public School		<input type="checkbox"/>	
Online School	<input type="checkbox"/>		
Private Residential School	<input type="checkbox"/>	<input type="checkbox"/>	
Charter school		<input type="checkbox"/>	
<b>Detailed daily schedule attached:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Substance Use Disorder Residential Treatment <u>(with meal and transportation costs)</u> (sc 221)	\$ _____ / juvenile / day		

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

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

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