ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2019
SERVICE SPECIFICATIONS

INTENSIVE OUTPATIENT SUBSTANCE ABUSE PROGRAM

Service Codes 237-241 and 180

OVERVIEW

The Intensive Outpatient Substance Abuse Program (IOSAP) is designed to meet the needs of youth who suffer from substance abuse and whose level of care needs are more intensive than general outpatient counseling but do not require a residential level of care. The IOSAP is a strengths-based approach to the treatment of juveniles who have histories of moderate to severe substance use/abuse.

The goal of the IOSAP is to help the juveniles become substance-free, maintain sober and drug-free lifestyles, develop new thought and behavior processes and institute positive and self-reinforcing behavior. This service provides treatment interventions to address the youth's substance abuse, dependence or addiction. The length of a youth's participation in the IOSAP may vary depending on a juvenile's accomplishments in the program and specific conditions of probation.

Service delivery contact hours must be adequate to address the needs of the juvenile and family. The program provides services at least two (2) times a week in a therapeutic group setting supplemented by family and/or individual counseling depending on the initial level of care needs and issues that are documented on the youth's treatment/service plan.

SERVICE DEFINITION, LOCATION AND CONTENT

To provide therapeutic and educational substance abuse intervention for juveniles and their families participating in the IOSAP. Services must assist the juvenile in developing and maintaining an alcohol and drug-free lifestyle and emphasize relapse prevention planning.

Therapeutic intervention strategies may include, but are not limited to:

- Substance abuse counseling;
- Relapse prevention plan development;
- Problem solving skills;
- Development of pro-social skills and pro-social network(s);
- Development of leisure activities;
- Anger management;

Services may be provided in individual, group, or family formats. Group, family, individual and multi-family group services may be provided in the contractor's place of business or other facility- based setting that is ADA compliant. Individual and family services may be delivered in the youth's home or a facility- based setting that is ADA compliant. Multi-family group services may not be provided in a family's home. It is permissible to have meetings at a location other than the provider's office at alternative sites such as schools or community/city buildings that are ADA compliant.

The contractor shall ensure low risk juveniles are not included in the IOSAP, unless an exception is requested by the referring probation department and documented in the juvenile's file. Participants in the IOSAP are medium to high risk juveniles with a delinquency risk level of .41 for a first or second referral assessment and/or a score of .51 for a third or greater referral assessment. Information on delinquency risk, needs and the probation case plan is available from the probation officer.

In the event an exception is made to allow low risk juveniles into the IOSAP, low risk juveniles shall not be combined with medium and high risk juveniles in a group setting. Additionally, consideration must be given to "group" juveniles according to their development stage (early, middle, late adolescence) and/or cognitive ability. Appropriate placement in a group setting must be documented in the juvenile's file.

STANDARDS/LICENSURE REQUIREMENTS:

- An agency must be licensed by the Arizona Department of Health Services Division of Licensing (ADHSL).
- An independent practitioner must be licensed by the Arizona Board of Behavioral Health Examiners.

- At a minimum, the 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 A.R.S. Title 32, Chapter 32 – 3271.

- Independent licensure is not required for those persons with a Masters degree in a Human Service related field who are employed by a licensed behavioral health agency and who receive supervision by a behavioral health professional in accordance with Paragraph, 36 AOC Standard Terms & Conditions.

- Education services may be delivered by an appropriately trained and supervised paraprofessional or behavioral health technician who has at least two years experience providing substance abuse education.
- Documentation of professional credentials and experience with the identified client population must be maintained in the personnel file.

UNITS OF SERVICE:

One unit equals one (1) hour of service. Services over one (1) hour shall be billed in fifteen (15) minute increments.

SERVICE GOAL:

To eliminate a juvenile's use and/or abuse of alcohol and/or drugs, increase positive family interaction and develop the skills necessary to maintain a drug and alcohol free lifestyle and reduce the risk of recidivism of the youth.

SERVICE TASKS:

1. As part of the intake process conduct a substance abuse assessment using a standardized assessment tool to determine the level of substance use and/or abuse. Contractor may review and/or incorporate past assessment(s) up to 12 months prior to intake that was provided to the Contractor by the referring probation department to determine recommendations. Share the results of the assessment, including the level of care/treatment intensity needed, with the Juvenile probation officer

2. Develop a comprehensive individualized treatment plan for each youth, within 5 business days after completion of the assessment or upon admission to the program which includes input of the family in the collaboration with probation officer. The treatment plan will address the youth's criminogenic risk, substance abuse patterns and focus on relapse prevention planning.

3. Conduct and document treatment plan reviews every thirty (30) days to include revisions made according to ongoing assessment and treatment plans goals that have been achieved.

4. Employ a therapeutic model that is research-based and considered best practice in the field of substance abuse counseling. A cognitive-behavioral-based curriculum is preferred. The program must include a manual/curriculum and must have a "Leader/Facilitator Guide."

5. Provide programming that allows for family participation in the treatment component. Any direct services to the family such as Family Counseling or referral to community-based support services must be documented on the treatment plan.

6. Home-based family counseling may be delivered to parents or primary caregivers who are not compliant with attendance at family counseling sessions or in cases where the treatment provider, probation officer and family agree to home-based services and such services are appropriately authorized by the JPO.

7. Legibly document in youth's file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.

8. Obtain the youth's delinquency risk level from the referring probation department and document the delinquency risk level in the youth's file.

9. Collaborate with the probation officer, youth and family to prepare an individualized discharge plan that is inclusive of discharge planning elements in accordance with the AOC Standard Terms & Conditions and document the activity on the youth's treatment plan or on a separate document and provide a copy of the plan to the probation officer.

10. Prepare/provide all required reports in accordance with AOC Standard Terms and Conditions.

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I have read and fully understand the requirements to provide the Intensive Outpatient Substance Abuse Program (IOSAP), agree to all requirements and restrictions and propose the following service rate:

Proposed Service Rate: Must be Specified and Identified as a Fee for Service Rate

IOSAP Individual Counseling (service code 237)	$ _____ / hr
IOSAP Family Counseling (service code 238)	$ _____ / hr
IOSAP Group Counseling (service code 239)	$ _____ / hr
IOSAP Home-based Counseling (service code 240)	$ _____ / hr
IOSAP Multi-Family Counseling (service code 241)	$ _____ / hr
Professional Consultation (service Code 180)	$ _____ / 15 minutes

_____
Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate: Specified and Identified as a Fee for Service Rate

IOSAP Individual Counseling (service code 237)	$ _____ / hr
IOSAP Family Counseling (service code 238)	$ _____ / hr
IOSAP Group Counseling (service code 239)	$ _____ / hr
IOSAP Home-based Counseling (service code 240)	$ _____ / hr
IOSAP Multi-Family Counseling (service code 241)	$ _____ / hr
Professional Consultation (service Code 180)	$ _____ / 15 minutes

Other agreement: _____

_____

_____

_____ _____
Contractor Signature / Date AOC Signature / Date