

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2019
SERVICE SPECIFICATIONS
JUVENILE DRUG COURT TREATMENT COMPONENTS
Service Codes 255-259**

OVERVIEW:

Juvenile Drug Court (JDC) is a strengths-based coordinated approach to the supervision and treatment of juveniles between the ages of thirteen (13) years to seventeen (17) years of age and who have histories of moderate to severe substance use/abuse. JDC is a unique partnership between the juvenile justice system and the drug treatment community.

The goal of the JDC treatment component is to help juveniles become substance-free, maintain sober and drug-free lifestyles, develop new thought and behavior processes and institute positive and self-reinforcing behavior. The length of a youth's participation in the JDC Program varies depending on a juvenile's treatment progress and compliance with specific conditions of probation.

JDC is managed by a Drug Court Team and is comprised of separate phases with corresponding levels of care. The Contractor is responsible for providing services to meet the intensity of the phase/level of care determined by the Drug Court Team and authorized by the Probation Officer. Services are to be evidence-based or best practices for this population and their families. The Contractor's JDC treatment component must align with the JDC structure and adhere to the minimum level of care standards as listed below:

Each JDC treatment component shall contain the following minimum level of drug court services per phase as indicated below:

- Phase 1 Level of Care: 5 hours per week with at least 3 hours of group
- Phase 2 Level of Care: 4 hours per week with at least 3 hours of group
- Phase 3 Level of Care: 3 hours per week with at least 1.5 hours of group
- Phase 4 Level of Care: 1 hour per week for Aftercare or as agreed to by the JDC Team

SERVICE DEFINITION, LOCATIONS AND CONTENT

The JDC treatment component provides therapeutic and educational substance abuse intervention for juveniles and their families participating in Juvenile Drug Court. 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 and family counseling;
- Relapse prevention plan development;
- Problem solving skills;
- Development of pro-social skills and pro-social network(s);
- Development of leisure activities;
- Anger management;

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Service delivery contact hours must be adequate to address the needs of the juvenile and family. Service delivery methods of therapeutic and/or educational components may be provided to an individual, a group of persons, a family or multi-family group. All services may be delivered in the office or place of business, but only individual and single-family services may be provided in the juvenile's home. Group and multi-family group services may not be delivered in the juvenile's home. It is permissible to provide services 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 juvenile drug court program, unless an exception is requested by the referring probation department and documented in the juvenile's file. Participants in the Juvenile Drug Court 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 juvenile drug court program, low risk juveniles shall not be combined with medium and high risk juveniles in a group setting. Additionally, consideration in placement must be given to the youth's development stage (early, middle, late adolescence) and/or cognitive ability. Appropriate placement in a group setting and associated information 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 Services (ADHSL).
- An independent practitioner must be licensed by the Arizona Board of Behavioral Health Examiners.
- All counseling services must be provided by a state-licensed Master's level substance abuse clinician who has at least one year of substance abuse counseling experience.
- All family counseling services must be provided by a state-licensed Master's level clinician who has at least two years of family counseling experience.
- Education services may be delivered by an appropriately trained and supervised paraprofessional or behavioral health technician who has at least two years of experience providing substance abuse education.
- Evidence of experience providing substance abuse counseling, education and applicable training must be maintained in the appropriate personnel file.

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UNITS OF SERVICE:

One unit equals one (1) hour of service. Services lasting more or less than one (1) hour shall be billed in fifteen (15) minute increments.

Attendance at JDC case staffing, other informal consultation and indirect case management services are a function that is inclusive of the service and shall not be considered a separate billable service.

SERVICE GOALS:

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.

SERVICE TASKS:

1. Consult with the juvenile drug court representative/probation officer to understand the eligibility criteria for participation in juvenile drug court services and incorporate the criteria into the Contractor's intake and discharge criteria.
2. As part of the intake process conduct a substance abuse assessment using a standardized evidence-based assessment tool to determine the level of substance use and/or abuse. Contractor may review and/or incorporate past assessments 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 Drug Court Team by the date of the youth's first drug court case staffing.
3. Employ a therapeutic model that is considered research/evidence-based and best practice in the field of substance abuse. The program must contain a manual/curriculum and include a "leader's guide". Any supplemental services included in the provision of the drug court treatment component must also be identified. The program manual/ curriculum must be submitted to the AOC **prior** to implementation for review and approval. A cognitive-behavioral based curriculum is preferred.
4. Develop a comprehensive individualized treatment plan for each juvenile. This plan must be developed in collaboration with drug court representative/probation officer, the juvenile and parent(s)/guardian and signed by those parties.
5. Review and update the treatment plan every thirty (30) days and revise according to ongoing assessment, additional identified deficiencies/needs, and goals that have been achieved as identified in Paragraph 49 of the AOC Standard Terms and Conditions.

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6. Provide treatment and/or education intervention at the Contractor's place of business, the juvenile court/probation department or the youth'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.
7. 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.
8. Home-based family counseling may be delivered to parents/guardians or primary caregivers who are not compliant with attendance at family counseling groups or in cases where the Drug Court Team, probation officer and family agree to home-based services and such services are appropriately authorized by the JPO.
9. Participate as a member of the Juvenile Drug Court team and attend juvenile drug court case staffing as scheduled. Document staff attendance at JDC case staffing and maintain documentation in the client record.
10. Orient staff to the JDC program and the requirements of this service specification and maintain documentation of the orientation in the appropriate personnel file.
11. Train all staff providing counseling and/or education services to the "16 Strategies" for Juvenile Drug Courts prior to staff providing services and maintain evidence of training in the appropriate personnel file.
12. Provide a summary report to the assigned juvenile probation officer two (2) days prior to the juvenile's Drug Court Team staffing. Retain a copy of the summary report in the client file. At a minimum, the report must contain the following:
 - a. Juvenile's name and JOLTS file number;
 - b. Number of treatment/education service hours the juvenile was scheduled to attend and the number of hours attended since the last juvenile drug court hearing;
 - c. Number of treatment/education service hours the family was scheduled to attend and the number of hours attended since the last juvenile drug court hearing;
 - d. Juvenile's current drug court phase and corresponding level of care;
 - e. Amount of progress the juvenile has made towards compliance with assigned treatment component and identification of any barriers to further progress;
 - f. Review of the effect of any sanction/incentives previously imposed by the court; and
 - g. Recommendations for future level of care.

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13. Contractor is exempt from providing monthly progress reports but must comply with service task #12.
14. The Contractor shall complete a Discharge Summary for all youth exiting the JDC and provide the Discharge Summary to the probation officer and retain a copy in client file.
15. Direct service contact hours and service delivery frequency must be adequate to address the needs of the juvenile and family and are appropriate to the juvenile's phase/level of care and meet the minimum standards listed on Page 1 above.
16. The Contractor shall accommodate monolingual juveniles and their family. Only qualified interpreters and/or bi-lingual professional personnel must be utilized to provide service to monolingual clients and families. The Contractor shall not use the client's family members or peers to translate languages to English.
17. Prepare and 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 Juvenile Drug Court Treatment Components, agree to all requirements and restrictions and propose the following service rate:

JDC Individual Counseling (Service code 255)	\$ _____ / hr
JDC Family Counseling (service code 256)	\$ _____ / hr
JDC Group Counseling (service code 257)	\$ _____ / hr
JDC Home-based Counseling (service code 258)	\$ _____ / hr
JDC Multi-Family Counseling (service code 259)	\$ _____ / hr
Professional Consultation (service Code 180)	\$ _____ / 15 minutes

JDC Treatment Program description attached: Yes

Curriculum/Leader Manual attached: Yes

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

The final contract rate must be specified below and identified as a fee for service rate.

JDC Individual Counseling (Service code 255)	\$ _____ / hr
JDC Family Counseling (service code 256)	\$ _____ / hr
JDC Group Counseling (service code 257)	\$ _____ / hr
JDC Home-based Counseling (service code 258)	\$ _____ / hr
JDC Multi-Family Counseling (service code 259)	\$ _____ / hr
Professional Consultation (service Code 180)	\$ _____ / 15 minutes

Other agreement: _____

Contractor Signature / Date

AOC Signature / Date