

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATION
DETENTION ALTERNATIVE PROGRAM
Service Code 111**

SERVICE DEFINITION:

This service provides short term, preferably 30 days or less, out of home care and supervision as an alternative to detention. Youth considered for placement in the detention alternative program must be currently detained and pending a petition with the court, but who do not present a significant public safety threat.

STANDARDS/LICENSURE REQUIREMENTS:

The provider agency must be licensed by the Office of Behavioral Health Licensure (OBHL) as a Level I Residential Treatment Center, Level II Therapeutic Group Home, Level III Behavioral Health Group Home or licensed by DES OLCR as Child Welfare Agency for Group Home Care meeting the specific requirements of A.A.C. Title R6, Chapter 5, article 74. **The preferred licensure level for this component is either the OBHL level III or licensed DES OLCR Child Welfare Agency for Group Home Care.**

Treatment services and family reunification services shall be provided by, at a minimum, a Masters degreed professional counselor who is state licensed, unless specific service components are identified in the chosen vendor's proposal which allow a paraprofessional who by training, education and experience, is qualified to deliver such services.

UNITS OF SERVICE:

One unit will be considered a residential day and will be considered a billable unit if the client is in placement at 11:59 p.m.

SERVICE GOAL:

To provide an alternative to detention for youth who do not require secure custody yet need a short-term living arrangement. Resolve family issues which generally do not include domestic violence, but which may prevent youth from returning home.

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SERVICE TASKS:

1. Screen the youth for program eligibility criteria.
2. Actively involve parents in therapeutic services, visitation and reunification unless contraindicated.
3. Provide for the youth participation in educational services as required by the Arizona Department of Education (ADE) standards.
4. Provide for the transportation of the youth from the detention facility to the program site. The provider will transport the youth to and from all court hearings, scheduled medical and dental appointments, school, if necessary, and other appointments as required by the court or probation department.
5. With all parties involved, develop a treatment plan/individual service plan which is culturally appropriate and addresses the needs of the youth and family. The treatment plan must provide for rapid family problem resolution and reunification (except where contraindicated) or alternative living treatment plan and contain recommended follow-up services within three days of placement.
6. Provide therapeutic intervention which may include but is not limited to, improved family communications, improve parenting skills, development of anger management skills, reduction of other unlawful behavior.
7. Provide the court with a written update for court hearings on youth's treatment and progress within the program.
8. Prepare and provide a written Discharge Summary to the probation officer within fifteen working days after the client is discharged as required by the *Standard Terms & Conditions*. The report must include progress toward treatment goals and future treatment recommendations.

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I have read and fully understand the requirements to provide a Detention Alternative Program and agree to all requirements and restrictions and propose the following rate:

Proposed service rate: \$ _____ /day

Other agreement: _____

The provider must include with the application an annual itemized service budget and clearly document all relevant budget assumptions and a program description.

The budget documentation submitted to the AOC is true and accurate.

Detailed program description attached (check) _____

Detailed budget attached (check) _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate: \$ _____ / day

Other agreement: _____

Provider Signature / Date

AOC Signature / Date