

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATIONS
JUVENILE DRUG COURT TREATMENT SERVICES
Service Codes 256-259**

SERVICE DESCRIPTION AND OVERVIEW:

Juvenile Drug Court is a strengths-based coordinated approach to treatment of juveniles between the ages of thirteen (13) years six (6) months to seventeen (17) years of age who have histories of moderate to severe substance use/abuse. Juvenile Drug Courts are built upon a unique partnership between the criminal justice system and the drug treatment community. The overall goal of treatment is to help the juveniles develop new thought and behavior processes that reinforce acceptable behavior. The resulting outcome should be a reduction of substance use, substance relapse and criminogenic risk/need factors along with implementation of pro-social changes within the family system and juvenile's natural environment. Secondary objectives are to improve school performance, family functioning and address other needs of involved families.

Juvenile Drug Court is comprised of three (3) phases of required participation for graduation and an optional fourth phase which focuses on individualized aftercare. The length of the Drug Court Program varies depending on a juvenile's compliance with the requirements of each phase; with an average duration of approximately thirty-six (36) to fifty-two (52) weeks, which includes aftercare, to complete the entire program. Each phase consists of substance abuse treatment, psycho-education/skill-development, urinalysis testing, enrollment in an education program or school, active employment or seeking employment, and may include completion of community work service hours. Juveniles will initially have a weekly or biweekly court hearing and as a juvenile successfully moves through each phase contact with the court and probation may reduce. Advancement criteria must be identified in the program description as requirements for each juvenile to achieve prior to advancing from one phase to another. Below is a recommended guideline for duration of each phase:

- Phase one (1) lasts up to twelve (12) weeks, approximately.
- Phase two (2) lasts up to twelve (12) weeks, approximately.
- Phase three (3) lasts up to twelve (12) weeks, approximately.
- Phase four (4) lasts up to sixteen (16) weeks, approximately.

Therapeutic intervention must identify, explain, model, and demonstrate methods through skill-building and problem solving tools that empower the juvenile and family to decrease self-defeating thoughts, behavior, distorted cognition, mistaken beliefs, and inappropriate defensive mechanisms. Intervention strategies may include, but limited to:

- Anger management;
- Problem solving skills;
- Development of pro-social skills;
- Development of leisure activities;

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- Development of pro-social network(s);
- Relapse prevention strategies;
- Personal management systems; and
- Ability to identify stressors within family and self that contribute to dysfunctional behavior and attitudes.

Program must integrate the family which may include but is not limited to assisting the family develop skills and motivation to help the juvenile. Services must allow for empowerment to resolve issues and share successful intervention skills. This component should be conducted regularly and designed to serve each juvenile and family jointly. Program focus should include, but is not limited to:

- Parenting skill education including consistency and rules;
- Effective discipline;
- Education on juvenile substance abuse;
- Parent substance abuse issues;
- Communication skill building;
- Anger management;
- Discharge/aftercare planning;
- Joining juvenile and family to work on identified issues; and
- Engaging extended family and close social supports in order to develop solutions to identified problems.

SERVICE DEFINITION:

To provide therapeutic and educational substance abuse intervention for juveniles and their families participating in Juvenile Drug Court to assist the juvenile in developing and maintaining an alcohol and drug free lifestyle. A crucial aspect of this approach is the emphasis on promoting and sustaining behavior change in the juvenile's natural environment. Service delivery will be considered intensive outpatient and contact hours must be adequate to address the needs of the juvenile and family. The initial phases of Juvenile Drug Court intervention are intensive, gradually transitioning into less intensive intervention as the juvenile progresses. Service delivery method of therapeutic and/or educational components may be provided to an individual, a group of persons, a family or multi-family group and be delivered in the office or in the juvenile's home with the exception of group and multi-family group service.

The service may be provided in an individual and/or group setting. 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 offenders with a delinquency risk level of .41 for a first or second referral assessment and/or a score of .51 for a third or

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greater referral assessment. The delinquency risk level is determined by the JOLTS/iCIS risk assessment which is administered by 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 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:

- All counseling services must be provided by a state licensed Master’s level clinician or a more qualified professional who has substance abuse counseling experience.
- All education services may be delivered by an appropriately trained and supervised paraprofessional who has experience providing substance abuse education.

UNITS OF SERVICE:

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

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. Confer with the juvenile probation department 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. Conduct a substance abuse assessment using a standardized assessment tool to determine the level of substance use and/or abuse and identify the current stage of change for each juvenile. Share the results of the assessment, including the level of care/treatment intensity needed, with the Juvenile Drug Court Team.
3. Employ a therapeutic model that is considered research-based and best practice in the field of substance abuse. The program must be manualized and include a “leader’s

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guide”. 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 and family. This plan must be developed in collaboration with probation officer, the juvenile and family. The treatment plan must be reviewed every thirty (30) days and revisions made according to ongoing assessment and goals that have been achieved.
5. Home based counseling shall be delivered to parents or primary caregivers who are not compliant with attendance at family counseling groups or in cases where the treatment provider and family agree to home-based services.
6. Work in accordance with the ten (10) key components of Drug Courts.
7. Work closely with the Juvenile Drug Court team and attend juvenile drug court case staffing as scheduled. Attendance at juvenile drug court case staffing, other informal consultation and indirect services are a function that is inclusive of the service and shall not be considered a separate billable service.
8. The treatment and/or education intervention may be performed anywhere it is appropriate to do so and the service provider must be flexible to meet the needs of juveniles and families. It is permissible to have meetings at a location other than the provider’s office. Such alternative sites to be considered: schools or community/city buildings.
9. Two (2) days prior to the juvenile’s Drug Court Team staffing a summary report must be forwarded to the probation officer. At a minimum, the report must contain 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 phase of treatment and length of time in phase;
 - e. Progress/lack of progress the juvenile has made towards advancement and/or completion of phase;
 - f. Assessment/review of the effect of any sanction/incentives previously imposed by the court; and
 - g. Recommendations for future level of care or services.

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10. 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.
11. Providers are required to accommodate monolingual Spanish juveniles and their family. Only qualified interpreters and/or bi-lingual professional personnel must be utilized to provide service to monolingual clients and families.
12. Annual Reporting:

Providers are required to collect and report the following outcome data within thirty (30) days following the close of the fiscal year (July 1 through June 30). The provider must coordinate with the AOC to determine the design and format for the report.

- a. Total number of juveniles served by juvenile drug court services;
- b. Demographics of all juveniles served which include gender, ethnicity, age;
- c. Average number and type of services provided;
- d. Number of juvenile who exhibit a reduction in substance use during the reporting period which is based on measurements from self reporting and/or lab testing;
- e. Number of program juvenile who received a new referral to the Court for a non-probation violation offense while participating in the program;
- f. Number of juveniles who fail to complete the treatment program including the reason for drop-out or discharge; and
- g. Number of juveniles who successfully graduate from the treatment program/service.

SERVICE RESPONSE REQUIREMENTS:

A program description must be included which identifies the following program topics and/or services:

- Intake criteria;
- Discharge criteria (both successful and unsuccessful);
- Phase advancement requirements; and
- Programmatic outline, which must include at a minimum:
 - Duration of each phase
 - Direct service contact hours per phase by service type:
Example: Phase 1 (12 weeks):
 - 16 hours counseling (group setting)
 - 16 hours skill building (group setting)
 - 16 hours educational (group setting)
 - 16 hours family counseling
 - 8 hours individual counseling

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I have read and fully understand the requirements to provide Juvenile Drug Court Treatment Services, agree to all requirements and restrictions and propose the following rate:

Proposed service rate:	Phase I	\$_____ / Youth
	Phase II	\$_____ / Youth
	Phase III	\$_____ / Youth
	Phase IV (if applicable)	\$_____ / Youth

Program description attached: yes no
An itemized program budget attached: yes no

Other proposed agreement: _____

Provider Signature and 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.

Final contract rate:	Phase I	\$_____ / Youth
	Phase II	\$_____ / Youth
	Phase III	\$_____ / Youth
	Phase IV (if applicable)	\$_____ / Youth

Other agreement: _____

Provider Signature and Date

AOC Signature and Date