

**ARIZONA SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
JUVENILE JUSTICE SERVICES DIVISION  
Contract Year 2014 – 2016  
SERVICE SPECIFICATION  
ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (ACRA)  
Service Code 296**

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**SERVICE DEFINITION:**

This intervention focuses on rearranging the youth's environmental contingencies in order to demonstrate that a sober healthy lifestyle is more rewarding than his/her abuse of marijuana, alcohol, and other substances.

**STANDARDS/LICENSURE REQUIREMENTS:**

Services will be provided by personnel who are certified or in the process of obtaining certification for the ACRA model, as determined by Lighthouse Institute, Chestnut Health Systems or their affiliates. Additionally, the therapist must hold a Masters degree and be licensed by the Arizona Board of Behavioral Health Examiners to practice independently or is exempt from licensure pursuant to A.R.S. Title 32, Chapter 33.

**CLINICAL SUPERVISION:**

Certified therapists must participate in individualized supervision at least one (1) hour for every ten (10) hours of service delivery. The supervising therapist must be certified to provide ACRA supervision and utilize the ACRA Global Procedures Checklist.

**UNITS OF SERVICE:**

One unit equals one hour (50 minutes for therapy and 10 minutes for records documentation).

**SERVICE GOALS:**

- Youth succeed at terminating substance use behaviors by increasing their involvement in positive, reinforcing behaviors.
- Youth identifies attributes of "healthy" relationships and help them learn how to find positive peer groups, deal with negativity, and ask for support.
- Families and/or caregivers understand how their behavior impacts the youth's substance use so that families and/or caregivers are motivated to change their own behaviors.
- Youth uses problem solving skills and appropriate interactions through the use of role-playing.

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**SERVICE TASKS:**

1. Implement the ACRA model in strict adherence to the ACRA Manual.
2. The service shall be delivered weekly and last approximately three (3) months. On average, interventions should consist of ten (10) sessions with the adolescent and two (2) sessions with adolescent and caregiver.
3. Obtain written consent to audiotape and/or videotape sessions from youth, youth's parent/guardian and probation officer.
4. ACRA services will include the participation by the youth's family. There must be, at least, one parent figure in the home that will participate in the program. Parent and family are broadly defined to include the adult who serves as the youth's primary parent figure or guardian and the adult who the youth is residing with or is expected to be residing with during the time frame that the services are being delivered.
5. Conduct an assessment which includes, but is not limited too, reviewing existing social history and other relevant information.
6. With all involved parties, develop a treatment plan and/or individual service plan which must address the needs of the individual and family.
7. Legibly document in client file all services provided, summary of progress, including date, duration, type of service and therapist name, signature, degree and title.
8. Prepare and submit detailed monthly progress reports to the probation officer which clearly outline the progress or lack of progress made towards goals and strategies necessary to ensure treatment continues and/or moves forward.
9. 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 Adolescent Community Reinforcement Approach services, agree to all requirements and restrictions and propose the following rate:

Proposed contract rate: (service code 296)           \$ \_\_\_\_\_ / hour

Other Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contractor Signature and Date

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**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

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Provider Name: \_\_\_\_\_

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

Final contract rate: (service code 296)           \$ \_\_\_\_\_ / hour

Other Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contractor Signature and Date

\_\_\_\_\_  
AOC Signature and Date