

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014-2016
SERVICE SPECIFICATION
MATRIX MODEL for TEENS & YOUNG ADULTS
Service Code 300

SERVICE DEFINITION:

This sixteen (16) week service provides developmental appropriate treatment for youth by utilizing a comprehensive, organized set of evidenced-based therapeutic interventions to address adolescent substance abuse, dependence or addiction. The program includes four (4) core components:

- Individual and Family Counseling Sessions
- Early Recovery Skills Group
- Relapse Prevention Group
- Family Education Groups

The program also utilizes weekly urinalysis results for the purpose of determining intensity of a youth's treatment plan.

In group settings, the Contractor shall ensure low delinquency risk level youth are not combined with medium and high delinquency risk level youth in a group setting. The delinquency risk level is determined by the JOLTS/iCIS risk tool which is administered by the probation officer. Delinquency risk populations must be segregated as follows: Youth scoring low risk (0 to 0.50) and youth scoring medium/high risk (0.51 to 1.0).

STANDARDS/LICENSURE REQUIREMENTS:

Independent Practitioner

Services will be provided by an individual who meets the following requirements.

- At a minimum, Master's degree in a Human Service related field, and
- Independently licensed by the Arizona Board of Behavioral Health Examiners, and
- Possess a Key Supervisor Certificate by the Matrix Institute. (Certificate verifies completion of twelve (12) hours of core clinical training and twelve (12) hours of Key Supervisor training.)

Agency

Services will be provided by an individual and agency who meets the following requirements.

- At a minimum, Master's degree in a Human Service related field. A request for a waiver of the degree requirement can be submitted as outlined in the AOC Standard Terms and Conditions, and

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014-2016
SERVICE SPECIFICATION
MATRIX MODEL for TEENS & YOUNG ADULTS
Service Code 300**

- Licensed by the ADHS Division of Licensing Services (ADHSL), and
- Possess a Matrix Model Certificate, in good standing, OR are in the process of obtaining certification within one (1) year.

TRAINING REQUIRMENTS:

Prior to conducting components of the program, staff providing direct services must complete six (6) hours of clinical training related to the Matrix Model for Teens. This training can only be provided by a person who possesses a Key Supervisor Certificate. Training hours and content must be documented in the personnel file.

SUPERVISION REQUIREMENTS:

Staff providing components of the program must receive a minimum of two (2) hours of individual clinical supervision monthly by the certified Key Supervisor. The Key Supervisor must utilize the Matrix Model Fidelity Rating Scale Worksheet and evaluate sessions through direct observation and/or videotaping. This supervision requirement applies to all staff, excluding Key Supervisors, regardless of behavioral health agency's and/or staff's independent licensures.

UNIT OF SERVICE:

One unit equals one hour, inclusive of 10 minutes for records documentation.

SERVICE GOAL:

Through therapeutic structure and support a youth evaluates the significance of his/her drug and/or alcohol use and moves towards abstinence through a supportive environment to sustain recovery and reduce risk to recidivate.

SERVICE TASKS:

1. A stable caregiver must be involved in each case and is expected to remain with the client throughout the service delivery period.
2. With all involved parties, conduct an assessment and develop an individualized treatment plan that identifies targeted interventions to address youth's criminogenic needs, clear objectives, goals, and family needs.

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014-2016
SERVICE SPECIFICATION
MATRIX MODEL for TEENS & YOUNG ADULTS
Service Code 300

3. Deliver the Matrix Model for Teens in accordance with the standards and conditions established by the Matrix Institute. Any modification to the program must be approved, and documented, by the Matrix Institute. The following components shall be provided during the sixteen (16) week treatment program:
 - a. **Individual and Family Sessions** - Eight (8) one-hour sessions; inclusive of an initial two (2) hour session, for sixteen (16) weeks.
 - b. **Early Recovery Skills Group** - Eight (8) one-hour sessions, twice weekly, for the first four (4) weeks.
 - c. **Relapse Prevention Group** - Thirty-two (32) one-hour sessions, twice weekly, for sixteen (16) weeks. This group must take place at the beginning and end of each week.
 - d. **Family Education Groups** – The groups below meet separately for twelve (12) sessions, once weekly, for the first twelve (12) weeks. These groups must occur during the middle of the week.
 - i. **Adolescent Education Group**
 - ii. **Parent Education/Support Group**
 - e. **Adolescent Social Activity Support Group (optional)** - One (1) weekly social support group starting in week thirteen (13) of the program.
4. Document youth absence and complete telephone/email contact, or attempts made, to parent/guardian and assigned probation officer.
5. Document all services in the client record, as required by the AOC Standard Terms and Conditions.
6. Prepare and provide all required reports in accordance with AOC Standard Terms and Conditions.

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014-2016
SERVICE SPECIFICATION
MATRIX MODEL for TEENS & YOUNG ADULTS
Service Code 300**

I have read and fully understand the requirements to provide Matrix Model for Teens and Young Adults, agree to all requirements and restrictions and propose the following rate:

Proposed Service Rate: (service code 300)

Individual \$ _____ / hour
Family \$ _____ / hour / family
Group \$ _____ / hour / youth and/or family

Other Proposed Agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate: (service code 300)

Individual \$ _____ / hour
Family \$ _____ / hour / family
Group \$ _____ / hour / youth and/or family

Other Agreement: _____

Contractor Signature / Date

AOC Signature / Date