

**ARIZONA SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
JUVENILE JUSTICE SERVICES DIVISION  
Contract Year 2014 - 2016  
SERVICE SPECIFICATION  
THERAPEUTIC DAY PROGRAM  
(General Mental Health and/or Co-occurring Disorder Population)  
Service Code 130 & 131**

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**SERVICE DEFINITION:**

This service is provided as of either a half day program (up to 3 hours) *or* a full day program (4 hours or more), excluding mealtimes and transportation, of therapeutic programming and will not replace a youth's education requirements. The program may be delivered during the week and/or the weekend and program times may change during school breaks and/or during summertime.

The program is a highly structured, closely supervised program of intensive therapeutic treatment services and activities. The program provides individual, group and/or family counseling. Other services may include life skills development, and appropriate social and/or recreational activities. Services shall take place on site at an approved provider location.

The program is designed to address the general mental health and/or co-occurring disorders adolescent client population. The AOC defines co-occurring disorders as a youth with substance abuse and mental health issues. Clients said to have co-occurring disorders have one or more substance related disorders as well as one or more mental disorders. If the Contractor proposes a program which addresses co-occurring disorders, the intake criteria must clearly state that the youth has substance abuse and mental health issues for admission into the program. The Contractor must clearly identify the target client population on the application and service specification. A program description must be submitted with the application.

The Contractor shall ensure low risk youth are not combined with medium and high risk 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). Additionally, consideration must be given to "group" youth according to their development stage (early, middle, late adolescence), gender and/or cognitive ability. Appropriate placement in a group setting must be documented in the youth's file.

**STANDARDS/LICENSURE REQUIREMENTS:**

**Agency**

The provider agency must be a licensed behavioral health agency or certified as a Title XIX/XXI community service agency.

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**Professional Personnel**

Direct therapeutic services at a minimum must be provided by a person who holds a Masters degree in a human service specialty and has demonstrated professional experience to work with the adolescent general mental health or co-occurring disorder regarding the client population, as set forth in Paragraph 36 of the AOC Standard Terms & Conditions. The Contractor is responsible for documenting in the personnel file, verification of professional credentials and experience for each professional personnel.

**Non-clinical and Direct Care Services Personnel**

Personnel providing direct care service shall meet the criteria set forth in Paragraph 37 of the AOC Standard Terms and Conditions. Individuals providing service provision shall have the ability to provide adequate supervision and appropriate behavioral interventions to address the cognitive, social or behavioral adolescent general mental health needs or issues and/or co-occurring disorders which may include a wide range of personal, interpersonal, situational and functional issues.

**Annual Training**

Completion of twenty (20) CEU's annually on adolescent general mental health or co-occurring disorders treatment/management/evaluation issues. In each calendar year the professional may count up to 10 hours of time spent in the preparation and presentation of community training provided outside of the Contractor's office towards the 20-hour CEU requirement. Certificates of attendance reflecting training hours earned and date of attendance and/or documentation of professional presentations delivered, reflecting duration and date(s) of presentation shall be maintained in personnel files.

**UNITS OF SERVICE:**

One unit equals one half day program (up to 3 hours), exclusive of transportation and mealtime.

**or**

One unit equals one or full day program (4 hours or more), exclusive of transportation and mealtime.

**SERVICE GOAL:**

To address an individual's needs and treatment goals through therapeutic services and activities in order to reduce the need for more intensive services and improve the youth's pro-social functioning. The services can be used as a step-down service from a more restrictive setting or to prevent placement in a more restrictive setting.

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**SERVICE TASKS:**

1. Review existing social history and other relevant information.
2. Complete a client assessment within five (5) days of admission to the program. The client assessment must be performed as in accordance with the AOC Standard Terms and Conditions and be part of the service and rate structure of the program.
3. With all involved parties, develop a treatment plan which enables the youth to move to a less restrictive level of care as soon as treatment goals are met. The treatment plan must be in accordance with the AOC Standard Terms and Conditions.
4. Services identified on the treatment plan are to be provided to the youth and must be documented and recorded in the client record in accordance with the AOC Standard Terms and Conditions.
5. Contractor must have original youth signature on a dated attendance form for each day of service provided. The attendance documentation must be maintained for the entire length of the contract and made available for review if requested.
6. Provide transportation for referred youth to and from program. Transportation may include the use of public transportation when appropriate. Public transportation vouchers/passes may be used. The use of public transportation must be approved in writing by the youth's parent/guardian and probation officer. Transportation services must comply with contract insurance of the AOC Standard Terms and Conditions requirements and all applicable state laws.
7. If programming extends through normal meal times (i.e., noon, 6 p.m.), provide meals in accordance with Section XV - Food Services of the *Standard Terms and Conditions*.
8. Direct care staff as defined in the AOC Standard Terms and Conditions may only provide life skill education and training, recreational, social and milieu activities to youth, and transportation.
9. The provider must complete all other relevant paperwork (consent to treat, release of information etc.) as in accordance with the AOC Standard Terms and Conditions.

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10. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

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If proposing more than one type of program, please submit each program on a separate service specification.

***Check only one:***

Proposed Program Population:

General Mental Health \_\_\_\_\_

Co-Occurring Disorders \_\_\_\_\_

***Check only one:***

Proposed Half Day Program (up to 3 hours) – (service code 131) \_\_\_\_\_

***or***

Proposed Full Day Program (4 hours or more) – (service code 130) \_\_\_\_\_

Proposed Daily Number of Program Hours: \_\_\_\_\_ / day

Proposed Program Hours: from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

**The provider must include with application an annual itemized service budget and clearly document all relevant budget assumptions.**

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I have read and fully understand the requirements to provide therapeutic day program and agree to all requirements and restrictions and propose the following rates:

Proposed Service Rate: (service code 130 or 131) \$ \_\_\_\_\_ / client /day

Other proposed agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that the budget documentation submitted to the AOC is true and accurate. \_\_\_\_\_  
Contractor initials

\_\_\_\_\_  
Contractor Signature / Date

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

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Final Contract Rate: (service code 130 or 131) \$ \_\_\_\_\_ /client /day

Other agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contractor Signature / Date

\_\_\_\_\_  
AOC Signature / Date